



# ST PAULS UNITING SPORTING CLUB INC

a founding member of the QUEENSLAND CHRISTIAN SOCCER ASSOCIATION

## RESPECT. INTEGRITY. COMMUNITY.

### Since 1969

### 2020 SOCCER REGISTRATION FORM for Players over 18

**PRIVACY STATEMENT:** The Club and the QCSA requires the provision of personal information eg. name, contact details and birth date. This information is required for registration and membership purposes with St Pauls and the QCSA Inc. Full names may be used on the Club and QCSA websites, Facebook pages and newsletters where appropriate or necessary, eg. Player of the Year. The Club and QCSA WILL NOT make any identifying information available to any other parties without consent UNLESS required in the ordinary operation of the Club and QCSA Inc. eg. compliance with the Constitution, Rules and By-Laws, insurance, or other lawful purposes outlined in Information Privacy Principle #10 (Qld).

#### PLAYER DETAILS

(Please print clearly)

<b>GIVEN NAMES</b>	<b>SURNAME</b>	<b>Male / Female</b>
<b>DATE OF BIRTH</b>	<b>Age as at 31/12/19</b>	<b>Preferred age group/division:</b>
<b>RESIDENTIAL ADDRESS</b>	<b>SUBURB</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS</b> (if different to above)	<b>SUBURB</b>	<b>POSTCODE</b>
<b>PHONE (H)</b>	<b>(M)</b>	
<b>EMAIL</b>		

Please note that email is the primary form of communication from the Club.

#### EMERGENCY CONTACT NAME:

PHONE:

Do you have a current Qld Blue Card? (in relation to working with children) YES / NO

Do you have a First Aid Certificate? YES / NO

This club is run by volunteers and it is expected that all Players (or a representative) will assist with canteen duty during the season. Please indicate other areas where you can assist the club...

<b>TEAM COACH</b>	<b>TEAM MANAGER</b>	<b>ASSIST AT TRAINING</b>	<b>FUNDRAISING</b>	<b>FIELD MAINTENANCE</b>	<b>WEBSITE MAINTENANCE</b>	<b>EVENT ORGANISING</b>
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- Are you a new member to the QCSA? YES / NO If no, what was your previous club? \_\_\_\_\_
- How did you hear about St Pauls Uniting Soccer Club? Family / Friend / Facebook / Website / Signage / Other \_\_\_\_\_
- Do you have a preference to play in the same team as a friend/family member? \_\_\_\_\_  
(Please note, we will try our best to accommodate requests where possible but no guarantee can be made)
- If English is not your first language, are you confident with conversational English? YES / NO
- Please list any pre-existing medical condition you have that you believe may be relevant to participating in sport or club activities...  
\_\_\_\_\_  
\_\_\_\_\_

#### PLAYER DECLARATION

- I hereby apply for registration for myself with the QCSA Inc. as a member of St Pauls Uniting Sporting Club Inc.
- I agree to abide by the following to which the QCSA subscribes (these are available at <http://www.qcsa.org.au>).
  - The Rules & By Laws of the Queensland Christian Soccer Association Inc.
  - The Laws of the Game (LOTG) of Soccer as governed by FIFA; and
  - The Standards outlined in the Active Australia "Codes of Behaviour".
- I am aware that the Association holds an insurance policy to cover me (available at <http://www.qcsa.org.au>).
- I acknowledge that I, and all of my friends/family/supporters will abide by the St Pauls Uniting Sporting Club Code of Conduct and Behaviour (available at [www.stpaulssoccer.org.au](http://www.stpaulssoccer.org.au)).
- I agree to pay the applicable club registration fees upon registering for the season.
- I have read, understood, acknowledge and agree to all the matters referred to in this declaration and the privacy statement above.

NAME

SIGNATURE

DATE

#### CLUB USE ONLY:

I hereby certify that I have sighted proof of age of the above player, or that the player has previously been registered as a member of this club.

Club Official:		ID Type Provided:	
2019 team /age group:		2020 Age / Division (Preferred):	

Forward the completed form to the Club Registrar, Darryl Miles, [registrar@stpaulssoccer.org.au](mailto:registrar@stpaulssoccer.org.au), or 481 Broadwater Road, Mansfield, 4122