



ST PAULS UNITING SPORTING CLUB INC

a founding member of the QUEENSLAND CHRISTIAN SOCCER ASSOCIATION

RESPECT. INTEGRITY. COMMUNITY.

For God through Sport since 1969

2021 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 write clearly)

GIVEN NAMES	SURNAME	Male / Female
DATE OF BIRTH	Age as at 31/12/20	Preferred age group/division:
EMAIL		

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

RESIDENTIAL ADDRESS	SUBURB	POSTCODE
POSTAL ADDRESS (if different to above)	SUBURB	POSTCODE
PHONE (H)	(M)	

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...

TEAM COACH	TEAM MANAGER	ASSIST AT TRAINING	FUNDRAISING	FIELD MAINTENANCE	WEBSITE MAINTENANCE	EVENT ORGANISING
------------	--------------	--------------------	-------------	-------------------	---------------------	------------------

- 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).
- 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:	
2020 team /age group:		2021 Age / Division (Preferred):	

Forward the completed form to the Club Registrar, registrar@stpaulssoccer.org.au, or 481 Broadwater Road, Mansfield, 4122