

2021 team /age group:

ST PAULS UNITING SPORTING CLUB INC

a founding member of the QUEENSLAND CHRISTIAN SOCCER ASSOCIATION

RESPECT. INTEGRITY. COMMUNITY. Since 1969

2022 SOCCER REGISTRATION FORM for LITTLE SAINTS

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).

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PLAYER DETAILS	(Please write	clearly)				
GIVEN NAMES		SURNAME			Male / Female	
DATE OF BIRTH			Age as at 31/12/21 NUMBER OF		NUMBER OF TERMS:	:
PARENT/GUARDIAN	DETAILS					
PARENTS/GUARDIANS NAME:		1.	1. 2.			
RESIDENTIAL ADDRESS			SUBURB			POSTCODE
POSTAL ADDRESS (if different to above)			SUBURB			POSTCODE
PHONE (H)		1. (M) 2. (M)		2. (M)		
PARENTS/GUARDIA EMAIL:	INS	1.			2.	
	Please r	note that email is t	he primary form of	communication from	n the Club.	
Do you have a Blue S	uitability Card? (in	relation to working	with children)	1. YES / NO		2. YES / NO
Do you have a First A	id Certificate?			1. YES / NO		2. YES / NO
This club is run by v Please indicate other				of players will assis	st with canteen duty d	uring the season.
TEAM COACH	TEAM MANAGER	ASSIST AT TRAINING	FUNDRAISING	FIELD MAINTENANCE	WEBSITE MAINTENANCE	EVENT ORGANISING
1. Are you a ne	w family to the QCS	SA? YES / NO	If no, what was you	r previous club?		
2. How did you	hear about St Paul	s Uniting Soccer Cl	ub? Family / Friend	/ Facebook / Web	site / Signage / Othe	r
If English is r	ot your child's first	language, are they	confident with conve	rsational English? Y	ES / NO	
4. Please list ar	ny pre-existing med	ical condition you h	ave that you believe	may be relevant to pa	articipating in sport or cl	ub activities
PARENT/GUARDIAN	DECLARATION					
 I hereby app I agree to ab 1. Th 2. Th 3. Th I am aware th I acknowledge Conduct and I agree to pa 	y for registration fo ide by the following e Rules & By Laws e Laws of the Gam e Standards outline nat the Association ge that my child, m Behaviour (availab y the applicable clu	to which the QCSA of the Queensland e (LOTG) of Socce ed in the Active Aus holds an insurance yself and any other le at www.stpaulss b registration fees to which the control of the	occer.org.au). for my child upon reg	re available at http://www.ny.coid.co available at http://www.ny.child.will.abide.by istering for the term.	www.qcsa.org.au).	
NAME	SIGNATURE				DATE	
club.	have sighted proof	of age of the above			peen registered as a me	ember of this
Club Official:			ו טו ן ype	Provided:		

2022 Age / Division (Preferred):