

Club Official:

2022 team /age group:

ST PAULS UNITING SPORTING CLUB INC

a founding member of the QUEENSLAND CHRISTIAN SOCCER ASSOCIATION

RESPECT. INTEGRITY. COMMUNITY. Since 1969

2023 SOCCER REGISTRATION FORM for Player under 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).

insuran	ce, or other law		In Information Privacy	гтпоріє #10 (Qla).						
PLAYER	R DETAILS	(Please write	clearly)							
GIVEN NAMES			SURNAME						e / Female	
DATE OF BIRTH			Age as at 3		1/12/22 Preferred age group		referred age group:			
PARENT	T/GUARDIAN	DETAILS								
PARENT NAME:	TS/GUARDIA	NS	1.				2.			
RESIDENTIAL ADDRESS				SUBURB			P	POSTCODE		
POSTAL ADDRESS (if different to above)				SUBURB			Р	POSTCODE		
PHONE (H)			1. (M)	1. (M) 2. (M)			2. (M)			
PARENTS/GUARDIANS EMAIL:		NS	1. 2.			2.				
		Please	note that email is t	he primary form of	comm	unication from	the Club.			
Do you h	nave a Blue S	uitability Card? (in	relation to working	with children)	1.	YES / NO		2.	YES / NO	
Do you h	nave a First Ai	d Certificate?			1.	YES / NO		2.	YES / NO	
			s expected that all I can assist the clu		of pla	yers will assist	with canteen duty du	ring tl	ne season.	
TEAM	СОАСН	TEAM MANAGER	ASSIST AT TRAINING	FUNDRAISING	MAI	FIELD NTENANCE	WEBSITE MAINTENANCE	0	EVENT RGANISING	
1.	Are vou a nev	v family to the QC	SA? YES / NO	If no, what was your	previ	ous club?				
	•	•		•	•		e / Signage / Other			
				as a friend/family mess where possible but no						
	•	•	·	confident with conve	_	•	S / NO			
5.	Does your ch	ild have any illnes	s/allergy/disability fo	or which medication o	r spec	ial assistance ma	y be required? If yes,	please	specify	
PARENT/	GUARDIAN E	DECLARATION								
•	I agree to abi 1. The 2. The 3. The I am aware th I acknowledg Conduct and I agree to pay	de by the following Rules & By Laws Laws of the Gam Standards outline at the Association that my child, m Behaviour (availat the applicable clu	to which the QCSA of the Queensland e (LOTG) of Socceed in the Active Ausholds an insurance yself and any other ble at <a <br="" href="https://www.stpaulss.com/www.st</td><td>occer.org.au).
upon registering my c</td><td>re ava
sociation
A; and
viour">availab ny chi hild fo	ilable at http://ww on Inc. ole at http://www.dd will abide by th r the season.	w.qcsa.org.au).	J				
NAME	E SIGNATURE					DATE	DATE			
INVIAIR			JIGNA	I VIL			DATE			
	ISE ONLY:									
I hereby club.	certify that I h	nave sighted proof	of age of the above	player, or that the pl	ayer h	as previously be	en registered as a mer	nber o	f this	
-										

ID Type Provided:

2023 Age / Division (Preferred):