

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 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).

	a. parpooco caumos		· · · · · · · · · · · · · · · · · · ·			
PLAYER DETAILS	(Please writ	e clearly)				
GIVEN NAMES	GIVEN NAMES			SURNAME		
DATE OF BIRTH			Age as at 31/12/22 NUMBER OF TI		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)	1. (M) 2. (M)		2. (M)	
PARENTS/GUARDIANS EMAIL:		1.	1. 2.		2.	
	Please	note that email is	the primary form of	communication fro	m the Club.	
Do you have a Blue S	uitability Card? (ir	relation to working	with children)	1. YES / NO)	2. YES / NO
Do you have a First Ai	d Certificate?			1. YES / NO		2. YES / NO
This club is run by very Please indicate other				of players will assi	st with canteen duty o	luring the season.
TEAM COACH	TEAM MANAGER	ASSIST AT TRAINING	FUNDRAISING	FIELD MAINTENANCE	WEBSITE MAINTENANCE	EVENT ORGANISING
1. Are you a nev	v family to the QC	SA? YES / NO	If no, what was you	r previous club?		
					osite / Signage / Othe	er
3. If English is n	ot your child's firs	t language, are they	confident with conve	ersational English? `	YES / NO	
4. Please list an	y pre-existing med	dical condition you h	nave that you believe	may be relevant to p	articipating in sport or o	club activities
PARENT/GUARDIAN [ECLARATION					
 I agree to abid 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 E Laws of the Gane Standards outlin at the Association e that my child, mehaviour (availar the applicable clief	g to which the QCS/s of the Queensland ne (LOTG) of Socce ed in the Active Aus n holds an insurance nyself and any other ble at www.stpaulss ub registration fees	A subscribes (these as I Christian Soccer As I Christian Soccer As I can as governed by FIF stralia "Codes of Behas policy to cover me (or parent/guardian of soccer.org.au).	are available at http://sociation Inc. A; and aviour". available at http://www.my.child.will.abide.b istering for the term.	,	
NAME SIGNATURE			TURE		DATE	
club.	nave sighted proo	f of age of the above			been registered as a m	ember of this
Club Official:		·	ID Type	Provided:		

2023 Age / Division (Preferred):