

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 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	SURNA	ME		Male / Female
DATE OF BIRTH	Age as	at 31/12/22	Preferred age group/divison:	
RESIDENTIAL ADDRESS		SUBURB		POSTCODE
POSTAL ADDRESS (if different to above)		SUBURB		POSTCODE
PHONE (H)	(M)			
EMAIL				
	Please note that email is the primary form	of communication	from the Club.	
EMEGENCY CONTACT NAME:	PHONE:			
Do you have a Blue Suitability	v Card? (in relation to working with children)	YES /	NO	
Do you have a First Aid Certificate?		YES /	NO	
•	rs and it is expected that all Parents/Guardi	ans of players will a	ssist with canteen dut	y during the season.

Please indicate other areas where you can assist the club... ASSIST AT FIELD WEBSITE EVENT TEAM **TEAM COACH** FUNDRAISING MAINTENANCE TRAINING MAINTENANCE ORGANISING MANAGER Are you a new member to the QCSA? YES / NO If no, what was your previous club? 1. 2. 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? 3. (Please note, we will try our best to accommodate requests where possible but no guarantee can be made)

4. If English is not your child's first language, are they confident with conversational English? YES / NO

5. Please list any pre-existing medical condition you have that you believe may be relevant to participating in sport or club activities

PLAYER DECLARATION

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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).

- 1. The Rules & By Laws of the Queensland Christian Soccer Association Inc.
- 2. The Laws of the Game (LOTG) of Soccer as governed by FIFA; and
- 3. 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).

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• 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).

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- 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 T	Гуре Provided:		
2022 team /age group:	2023	3 Age / Division (Preferred):		

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