



FFA Registration No: _____

NPL TRIALS FOR 2014 SEASON

PLAYER INFORMATION (PLEASE PRINT)				
Surname:	First:	Middle:	Birth date:	/ /
Home ph no.:		Male/Female		
Mobile No:		Nationality:		
EMAIL:		AGE GROUP:		
Street address:				
P.O. Box:	Suburb:	State:	Post Code:	
Parent/Guardian	Address		Contact:	
			()	
IN CASE OF EMERGENCY				
Name of local friend or relative:	Relationship to player:	Home phone no.:	Work phone no.:	
		()	()	
MEDICAL OR OTHER ISSUES				
Please record here anything you wish Sunshine Coast FC to be aware of (eg medical condition – asthma)				
PREVIOUS CLUB				
PREFERRED POSITION				

I authorise Sunshine Coast FC Pty Ltd and its employees to take whatever action is necessary on my behalf should an emergency medical situation arise and I am not in a position to manage the situation myself. I also accept responsibility for any financial costs which may be incurred in the provision of such medical attention and/or care. I acknowledge that playing football may cause an injury or (in a very rare circumstance) death and accept such risk and I release Sunshine Coast FC Pty Ltd and its employees from all or any liability for any injury or illness incurred during the competition.

Signature

Date:.....