



**OLYMPIC KINGSWAY
SPORTS CLUB EST. 1953**

PLAYER REGISTRATION / INDEMNITY FORM

PLAYER DETAILS

First Name: _____ Surname: _____
Address _____
Postcode: _____ Date of Birth: _____ Age (Current Year): _____
Parent/Guardian Name/s (if U18) : _____ (Mother) _____ (Father)
Parents Occupation: _____
Preferred Phone Contact: _____ Secondary Ph: _____
Primary E-mail: _____
Secondary E-mail: _____

MEDICAL HISTORY

Does the player have an Ambulance Fund? **YES NO** Fund Name: _____

Does the player suffer from any allergies or illness that may affect his/her playing ability? **YES NO**

(If Yes Please State): _____

Contact Person in case of an Emergency: _____ Ph: _____

I/We acknowledge that I/we will not hold the club responsible and will indemnify the club personnel and office bearers of Olympic Kingsway Sports Club (Inc) for any damage or loss whatsoever arising from any accident or event occurring to the player.

Full Name: _____ Signed: _____ Date: _____

OFFICE USE ONLY

Payment Details: CASH EFTPOS DIRECT DEPOSIT Receipt No: _____

Deposit Paid: _____ Date: _____ Balance Paid: _____ Date: _____

KIDSPORT **YES NO** PROOF OF AGE **YES NO** PHOTO CONSENT **YES NO**

Checklist

Registration Form Online Registration Volunteer Form
 Code of Conduct Photo
 Payment Uniform **FFA No:** _____