

# Knox United Soccer Club Inc.

PO Box 2410, Rowville VIC 3178

www.knoxunited.com

ABN 23 604 342 737



## Senior Registration Form 2009

PLAYER DETAILS					
Surname			First Name		
Middle Name		Date of Birth		Male/Female (PLEASE CIRCLE)	M / F
Were you registered with Knox United last season?				Y	N
If you were registered with another club in 2008, please specify					

CONTACT DETAILS			
Address			
Suburb		Postcode	
Email Address			
Phone (Home)			
Phone (Work)			
Phone (Mobile)			
Occupation			

<b>Emergency Contact Details Name (Next of Kin)</b>		Phone	
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MEDICAL DETAILS					
Do you have private health insurance?	Y	N	If Yes, do you have extras?	Y	N
For club information, please detail any medical conditions and/or allergies that the club and/or coach should be aware of.					
For club information, please detail any medications required before/during/after a match or training session that the club and/or coach should be aware of.					

OFFICE USE ONLY					
Date Paid	...../...../.....	Fee Paid	\$	Paid By	Cash/Chq/EFT
FFA #		FFV or Vicsoccer #		Receipt #	
Club Kit	Y / N	Deposit Paid?	Y / N	Size	

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### De-Registration/Refund Policy:

Full refunds will be issued to players who cannot be registered with the club for any reason eg: lack of numbers. De-registration/ transfer from the club/cancellation by any player (including junior players) will require clearance from the club. The player will forfeit the FFV/Vicsoccer Registration Fee as applicable and a \$15 Office Administration fee as a minimum & will forfeit the whole player registration fee if the player has played any games.

### Accident and Injury Disclaimer:

I hereby agree that Knox United Soccer Club Inc. ("The Club") including any of its officers and/or members shall not be held responsible for any accident, illness or injury sustained while playing at, or attending any function with, The Club.

I understand that The Club carries only basic player's insurance (provided through registration with FFV and by The Club for the Men's Teams) and that it is my responsibility to arrange additional insurance cover. The Club recommends that every player takes out their own private health insurance. I also give my permission for The Club to arrange medical attention that may be deemed necessary including ambulance transport and I agree to pay for all such costs incurred. The Club agrees that it will do its utmost to seek or obtain my consent, if possible, prior to seeking medical treatment for me, but I understand and accept that it may not be possible to do so in the circumstances. The Club agrees to make every effort to contact my emergency contact, as listed overleaf, where necessary and as soon as it is practicable to do so.

### Agreement:

I hereby apply to be registered as a player of The Club. I agree to abide by the rules of the Club's Constitution and the FFV's Fair Play in Sport Policy. I agree to accept the coach's decision on placement and playing time within a team.

Occasionally the Club may want to include individual and/or group photographs in marketing and information material or to be published on the Club's web-site. Do you give your consent for photographs of you to be taken and used for these purposes?

(Please circle) – Yes / No

### **Please sign below**

I have read and agree to the above conditions of membership.

Signed (Player)

\_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_

### **PLEASE NOTE –**

**Players with unpaid fees as of 31st March 2009 will be ineligible to play.**