



BOONAH FUTSAL COMPETITION



Fun, Fitness, Friendships

If appropriate, only write your contact details once then put "AS BEFORE" on the remaining forms.

BOONAH PLAYER REGISTRATION FORM. (Please complete one for each player)					
Name:		Phone No:	Mobile No:		
ID No:	Date of Birth:	Email:			
Age at 31/12/2013:		Address:			
Permission to take, photos and videos for all website and public relations use? (Please Circle) Yes / No					

Any issues, privacy or other you wish to discuss in person? (Please Circle) Yes / No

Privacy Statement: The Boonah Soccer Club Inc. Futsal Competition Player Registration, Membership & All Volunteer Forms require the provision of personal information e.g. name and birth dates. This information is required for Registration, Membership & Volunteer purposes with the Boonah Soccer Club Inc. Full names and phone numbers ect. will be used on Boonah Futsal Competition Team Lists ect. & may be used on the Club & Australian Futsal websites and newsletters where appropriate or necessary, e.g. Rep Player ect. The Boonah Futsal Competition will not make any identifying information available to any other parties without consent unless required in the ordinary operation of the Club.

Caregivers of Players or the Players themselves are required & expected to ensure the following is done:

- Match Card filled in prior to Kick Off
- Ensure Stage Curtains are Closed prior to Kick Off

Opening Teams:

- Ensure Setting Up is done prior to Kick Off of Games
 - Court set up
 - Chairs to be unstacked and put out
 - Screens rolled down
 - Windows opened

Closing Teams:

- Ensure Packing up of hall is done at the end of Games.
 - Court packed up
 - Chairs to be stacked and put away
 - Screens to be rolled up
 - Windows to be closed

<u>Please Note:</u>

- During a match No-one is permitted in the court area during a match except the two drawn teams and their Coaches.
 Everyone else needs to be behind the netted area.
- During a match No-one is permitted behind goal area or on the far side (louvered side) of hall.
- No alcohol is to be consumed & smoking is not permitted on Education Qld ground.
- No balls are to be kicked outside the hall.

Your co-operation and assistance is valued to ensure the smooth running of the Futsal season.

Player / Caregiver Declaration:

- I hereby apply for registration with the Boonah Futsal Competition affilated with Queensland Futsal as a part of the Australian Futsal Association.
- I am aware that Australian Futsal holds an insurance policy to cover me.
- I agree to abide by the following:
 - 1. The Rules & By Laws of Australian Futsal Association and Boonah Futsal Competition.
 - 2. The Laws of the Game of Futsal as governed by FIFA; and
 - 3. The Standards outlined in the Australian Sports Commission for Junior Sport "The Codes of Behaviour".

I will make every effort to complete my responsibilities to ensure the smooth running of the Boonah Futsal Competition.

\triangleright	Player Signature:	(All Players in Under 9 & Above)
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Caregiver Signature: (Required if Player is Under 18 Years)

APPLICATION FOR CLUB M	EMBERSHIP		
☐ Caregiver Membership	☐ Player Mer	nbership	☐ Ordinary Membership
I declare that:	I declare that:		I declare that:
I am aged 18 years or more; and	I am aged 18 year	rs or more; and	I am aged 18 years or more; and
 I am a parent or caregiver for a child who is (about to be) registered in a team or competition hosted by the Club; and 	I am (about to be) registered in a team or competition hosted by the Club.		I have included with this application my \$10 membership fee for the year.
 No other member of that child's family is, or is applying for, a caregiver membership of the Club. 			
>	>		>
(Signature of Applicant)	(Signature of Applicant)		(Signature of Applicant)
Applicants Name:	Address:		
Phone No:	Mobile No:		Email:
I, the undersigned, wish to apply for Members insurance, but does have insurance for injury Australian Futsal Association, I wish to apply [Please ✓ one of the following boxes, then sig	incurred during training for 1 of the following 3 o	and fixtures via the Que classes of membership.	·
We propose and second this appropriate the second the second this appropriate the second this appropriate the second the sec	oplication for Member	rship of the Boonah	Soccer Club Inc.
(Membership Officer)		(President)	
FUTSAL VOLUNTEERS FORM	1		
FUTSAL VOLUNTEERS FORM	Address:		
			Email:
Name: Phone No: Yes, I am Interest in taking on a Position	Address: Mobile No:	Yes, I would like to	help with
Name: Phone No:	Address: Mobile No:	Yes, I would like to [Please ✓ as many bo	help with
Name: Phone No: Yes, I am Interest in taking on a Position	Address: Mobile No:		help with
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]:	Address: Mobile No:	[Please ✓ as many bo	help with
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]: Management Committee Member	Address: Mobile No:	[Please ✓ as many bo □ Grants □ Sponsorship	help with
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]: Management Committee Member Futsal Competition Sub Committee Member	Address: Mobile No:	[Please ✓ as many bo □ Grants □ Sponsorship □ Representat	help with xes as apply]:
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]:	Address: Mobile No:	[Please ✓ as many bo ☐ Grants ☐ Sponsorship ☐ Representat ☐ Other:	help with exes as apply]: ive Competitions
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]: Management Committee Member Futsal Competition Sub Committee M Centre Manager Referee	Address: Mobile No:	[Please ✓ as many bo □ Grants □ Sponsorship □ Representat	help with exes as apply]: ive Competitions
Name: Phone No: Yes, I am Interest in taking on a Position [Please ✓ as many boxes as apply]: Management Committee Member Futsal Competition Sub Committee M Centre Manager Referee Coach	Address: Mobile No: n as a Member SION you may be able	[Please ✓ as many bo Grants Sponsorship Representat Other: Yes, I would like to	help with exes as apply]: ive Competitions help by [Please list]: Hobby or Passion could assist in the
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