



BOONAH FUTSAL COMPETITION

Fun, Fitness, Friendships



GENERAL PLAYER INFORMATION:

Name: _____ Age as at 31/12/2015: _____ Male / Female
 DOB: _____ Contact Number(s): _____
 Email: _____ Futsal ID: _____
 Address: _____

Division: Juniors: 9-11years 12-14 years Opens 15yrs+: A Division B Division

Do you wish to receive 2 shirts? (*juniors only*) YES NO Size: _____

Have you played for: Rep teams High school Other: (Please Specify) _____

Would you like to play for Rep: YES NO

Permission to take photos and videos for all website and public relation use? YES NO

Any issues, privacy or other you wish to discuss in person? YES NO

JUNIORS ONLY: Write the name of **two (2)** people you wish to play with. The best will be done to match with at least one of your options.

Name 1: _____ Name 2: _____

Guardian to complete if player is under 18 years of age.

Do you hold a current First Aid Certificate? Date of Certificate: _____ YES NO

Are you willing to be a team contact? YES NO

Contacts Name: _____ Contact Number: _____

Contact email: _____

Permission to add contact details to contact list: (This will only be available to other team contacts) 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

Please Note:

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.

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

Player / Caregiver Declaration:

I hereby apply for registration with the Boonah Futsal Competition affiliated 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:

- The Rules & By Laws of Australian Futsal Association and Boonah Futsal Competition.
- The Laws of the Game of Futsal as governed by FIFA; and
- The standards outlined in the Australian Sports Commission for Junior Sport "The Codes of Behaviour".

Player Signature: _____

(All Players in Under 9 & Above)

Caregiver Signature: _____

(Required if Player is Under 18 Years)

APPLICATION FOR CLUB MEMBERSHIP: This MUST be completed.

I, the undersigned, wish to apply for Membership of the Boonah Soccer Club, Inc. I am aware that the Club does not have public liability insurance, but does have insurance for injury incurred during training and fixtures via the Queensland Christian Soccer Association & Australian Futsal Association, I wish to apply for 1 of the following 3 classes of membership. *[Please choose one of the following boxes, then sign at the bottom of that section].*

<u>Caregiver Membership</u>	<u>Player Membership</u>	<u>Ordinary Membership</u>
<p>I declare that:</p> <ul style="list-style-type: none"> 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 No other member of that child's family is, or is applying for, a caregiver membership of the Club. <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">(Signature of Applicant)</p>	<p>I declare that:</p> <ul style="list-style-type: none"> I am aged 18 years or more; and I am (about to be) registered in a team or competition hosted by the Club. <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">(Signature of Applicant)</p>	<p>I declare that:</p> <ul style="list-style-type: none"> I am aged 18 years or more; and I have included with this application my \$10 membership fee for the year. <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">(Signature of Applicant)</p>
Applicants Name:	Address:	
Phone No:	Mobile No:	Email:
We propose and second this application for Membership of the Boonah Soccer Club Inc.		
_____	_____	
(Membership Officer)	(President)	

FUTSAL VOLUNTEERS FORM

Name:	Address:	
Phone No:	Mobile No:	Email:
<p>Yes, I am Interest in taking on a Position as: <i>[Please select as many boxes as apply]:</i></p> <p><input type="checkbox"/> Management Committee Member</p> <p><input type="checkbox"/> Futsal Competition Sub Committee Member</p> <p><input type="checkbox"/> Centre Manager <input type="checkbox"/> Referee <input type="checkbox"/> Coach</p> <p><input type="checkbox"/> Other: _____</p>	<p>Yes, I would like to help with: <i>[Please select as many boxes as apply]:</i></p> <p><input type="checkbox"/> Grants <input type="checkbox"/> Sponsorship <input type="checkbox"/> Representative Competitions</p> <p><input type="checkbox"/> Other: _____</p> <p>Yes, I would like to help by: <i>[Please list]</i></p> <p>_____</p>	
<p>Please list any SKILL, HOBBY OR PASSION you may be able to share. Your skill, Hobby or Passion could assist in the smooth running of the Club, maybe baking or painting is your thing. As the saying goes 'Many hands make light work'. THANK YOU!!</p>		
Skill:		
Hobby:		
Passion:		
<p>Sorry, but I cannot assist in the running of the Boonah Futsal Competition beyond my obligations of field set up / pack up. <input type="checkbox"/></p>		