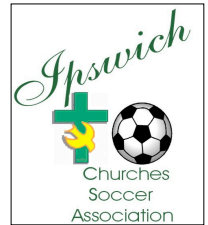


# West Zone Player Registration Form



Date: \_\_\_\_\_

**PRIVACY STATEMENT:** The information on this form is being collected to ensure your child's / your participation in QCSA West Zone activities is as enjoyable and safe as possible. Provision of your details is voluntary but without this information your child's / your care may be compromised.  
Details provided will be kept strictly confidential, to be accessed only by the team and Zone management

**Please use BLOCK letters**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Player ID No. \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

Parents / Carers Details: \_\_\_\_\_

**Email:** \_\_\_\_\_

MEDICARE Number: \_\_\_\_\_

Do you suffer from any medical complaints (diabetes, asthma, epilepsy, etc.)

YES / NO \_\_\_\_\_

Do you suffer from any allergies?

YES / NO \_\_\_\_\_

Are there any other medical issues the Zone should know about?

YES / NO \_\_\_\_\_

*(Please use overleaf if necessary)*

**Declaration:**

*I hereby agree to abide by the rules and codes of behaviour of the QCSA and West Zone.  
I pledge that the information provided is true and correct to my knowledge.  
I consent to my child taking part in practices and matches organised by the QCSA West Zone and further authorise the coordinators, coaches and team managers to obtain medical assistance that they may deem necessary should an injury occur and agree to pay all fees incurred on behalf of my child or myself.*

Name \_\_\_\_\_  
*Parent / Guardian / Player*

Signature \_\_\_\_\_  
*Parent / Guardian / Player*