

# PLAYER REGISTRATION

## 1. Team Details:

Team	<input type="text"/>	Sport	<input type="text"/>
Night	<input type="text"/>	Season	<input type="text"/>

## 2. Personal Details:

Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Phone No.	<input type="text"/>
		Email	<input type="text"/>

## 3. Emergency Contact:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone No.	<input type="text"/>	Relationship to player	<input type="text"/>

## 4. Medical Information

Known allergies?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please List:	<input type="text"/>
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Known medical conditions?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please List:	<input type="text"/>
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## Declaration and Signature:

I declare that the information provided by me on this form is true and correct.

- ☐ I have read and understand the sporting programs you participate in; and have the by-laws and codes of conduct. I acknowledge that not following the codes of conduct may result in de-registration in YMCA sporting programs.
- ☐ I understand that the sporting programs are contact sports and injuries may occur and that you participate at your own risk.
- ☐ I understand that photos may be taken by the YMCA for promotional purposes.

Player Signature	<input type="text"/>	Date	<input type="text"/>
Parent/ Guardian Signature	<input type="text"/>	Date	<input type="text"/>

Office Use Only

For more information please email the Court Sports Coordinator at [Sarah.Kenny@ymca.org.au](mailto:Sarah.Kenny@ymca.org.au)

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