

Coomera Colts Soccer Club

Coomera & District Soccer & Recreation Club Inc.

ABN: 87 997 375 108

PO Box 132
Oxenford Qld 4209
Phone: (07) 5573 3377
admin@coomerasoccer.com



1 Yaun Street
Coomera Qld 4209
Fax: (07) 5573 1778
www.coomerasoccer.com

2012 REGISTRATION FORM

Member

PLAYER MEMBERSHIP DETAILS

Non Member

	FIRST NAME	SURNAME	DATE OF BIRTH	REGO NO:	PREVIOUS TEAM
Player 1					
Player 2					
Player 3					
Player 4					

PARENT DETAILS OR PLAYER DETAILS IF OVER 18

	FIRST NAME	SURNAME	OCCUPATION(Optional)		
Parent 1					
Address: 1			Postcode:		
Phone:1	H:	W:	M:		
Email:1					
Facebook:1					
	FIRST NAME	SURNAME	OCCUPATION(Optional)		
Parent 2					
Address: 2			Postcode:		
Phone:2	H:	W:	M:		
Email:2					
Facebook:2					
EMERGENCY CONTACT (other than parent or carer)	Name:		Phone:		
	Relationship to player:				

Coomera Colts Soccer Club

Coomera & District Soccer & Recreation Club Inc.

ABN: 87 997 375 108

PO Box 132
Oxenford Qld 4209
Phone: (07) 5573 3377
admin@coomerasoccer.com



1 Yaun Street
Coomera Qld 4209
Fax: (07) 5573 1778
www.coomerasoccer.com

I/We hereby give my/our consent for my above named child/children to play at the Coomera & District Soccer & Recreation Club Inc. I/We confirm that this request also extends to all training & competitions in which the Coomera & District Soccer & Recreation Club Inc. is involved with. In the event of an injury to the above named be attended and treated by a qualified medical practitioner or any nursing staff(at parent's/guardians permission can be given at the time of the injury.

Parent 1 Name:) _____ **Signature:** _____ **Date:** _____
(Parents Consent)

Parent 2 Name: _____ **Signature:** _____ **Date:** _____
(Parents Consent)

MEDICAL INFORMATION

Please provide your medical details below and list any allergies/allergies to medication or medical complaints, which might be relevant to any treatment given to your child/children.

Doctors Name:		Ph:	
Medicare No:			

PHOTO PERMISSION

I/We give permission for photos containing my child/children to be published on the Coomera & District Soccer & Recreation Club Inc. Website, newsletter or displayed in the Coomera Club rooms.

YES NO

CLUB ASSISTANCE

I would like to help by volunteering in the position of:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Line Marking | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Canteen | <input type="checkbox"/> Working Bees |

Coomera Colts Soccer Club

Coomera & District Soccer & Recreation Club Inc.

ABN: 87 997 375 108

PO Box 132
Oxenford Qld 4209
Phone: (07) 5573 3377
admin@coomerasoccer.com



1 Yaun Street
Coomera Qld 4209
Fax: (07) 5573 1778
www.coomerasoccer.com

SPONSOR OFFER YELLOW BRICK ROAD

Free Finance / Loan assessment a Consultant will contact you directly

If you qualify you could have fees reimbursed for 2012

PLAYER REQUEST

Previous team / Friend _____

We are not always able to guarantee that we can for fill requests.

PLAYER CODE OF CONDUCT

PLAY BY THE RULES at all times. Be competitive within the rules.

NEVER ARGUE WITH GAME OFFICIALS. Accept the decisions of the referees. Referees will make mistakes and so will you. Without them there would be no game. Be in control of your emotions whatever the situation.

SHOW RESPECT TO YOUR COACH. All coaches freely volunteer their time to assist players to develop their football skills. Without them there would be no team.

SHOW RESPECT TO YOUR FELLOW PLAYERS. Treat your team mates as you would have them treat you. Remember there is no "I" in team. Maintain your dignity in action and word.

BE A GOOD SPORT AT ALL TIMES. Win with humility and lose with grace. Applaud all good play whether it is by your team or the opposition.

I WILL MAKE EVERY EFFORT TO ATTEND EVERY TRAINING SESSION AND EVERY GAME. IF I CANNOT MAKE TRAINING OR THE GAME I WILL NOTIFY MY COACH AS EARLY AS POSSIBLE.

PARENT'S/SPECTATOR'S CODE OF CONDUCT

ENCOURAGE PLAYERS TO PLAY BY THE RULES at all times. Remember that children play for their enjoyment not yours.

NEVER RIDICULE OR ABUSE ANY PLAYER. Do not yell at player mistakes.

NEVER ARGUE WITH GAME OFFICIALS. This is not acceptable behaviour at a game and not the example we want to set for our players. Accept the decisions of the referees. Ignore refereeing mistakes and teach players to do likewise. Maintain your personal dignity as an example to all young players.

SHOW RESPECT FOR ALL COACHES AND CLUB OFFICIALS. Remember that all coaches freely volunteer their time. All club positions are unpaid and that the club would not exist without our volunteers.

I WILL MAKE EVERY EFFORT TO GET MY CHILD TO EVERY TRAINING SESSION & EVERY GAME. IF I CANNOT GET MY CHILD TO ONE OF THE ABOVE, I WILL NOTIFY THE COACH AS EARLY AS POSSIBLE.

Coomera Colts Soccer Club

Coomera & District Soccer & Recreation Club Inc.

ABN: 87 997 375 108

PO Box 132
Oxenford Qld 4209
Phone: (07) 5573 3377
admin@coomerasoccer.com



1 Yaun Street
Coomera Qld 4209
Fax: (07) 5573 1778
www.coomerasoccer.com

I UNDERSTAND THAT MY CHILD/CHILDREN CANNOT PLAY IF THEY ARE NOT A FINANCIAL MEMBER OF THE CLUB BY START OF SEASON.

WE ACCEPT THE PLAYER/PARENT CODE OF CONDUCT AS ABOVE

PLAYER NAME:

SIGNATURE:

DATE:

PARENTS NAME:

SIGNATURE:

DATE:

BEHAVIOURAL STATEMENT

Any fines or damage incurred by player/s listed on page one are to be paid by the player or parent (in case of junior players)

PLAYER/PARENT'S (If player is under 18)

Name

Signature

Date
