



Summer Sixes 2019-20  
PLAYER REGISTRATION FORM

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

Family Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_ Email: \_\_\_\_\_

Age turning in 2019 (Jan to Dec) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Club Last Registered: \_\_\_\_\_ In Year: \_\_\_\_\_

**Declaration**

I hereby declare:

1. I am not under suspension by any sporting organisation;
2. I have not contracted or signed to play for any other soccer team this year;
3. I am duly qualified to play for this team according to the rules of the Association;
4. There are no monies or property owing by me to any Club or Association.;
5. I have read the above information regarding my details on this form and it is correct and true;
6. I accept that once I have registered and paid my fee I will not be entitled to any refund once the season starts and I have taken the field of play;

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Signature of Player, Parent or Guardian

Date

Fee:

Paid:

Receipt No:

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