

## **SOUTH BURNETT FUTSAL**

ABN: 42 937 440 284

### **Applicant Information**

**Name 1:**

Date of birth:	Gender:	Player Position: Court / Goalkeeper
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Current address:

City:	State:	Post Code:
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Email:

Ph. Home:	Ph. Work:	Mobile:
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### **Additional Children (if applicable)**

**Name 2:**

Date of birth:	Gender:	Player Position: Court / Goalkeeper
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**Name 3:**

Date of birth:	Gender:	Player Position: Court / Goalkeeper
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**Name 4:**

Date of birth:	Gender:	Player Position: Court / Goalkeeper
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### **Emergency Contact**

**Name:**

Ph. Home:	Ph. Work:	Mobile:
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Relationship:

**Name:**

Ph. Home:	Ph. Work:	Mobile:
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Relationship:

Are there any other Parent/Guardian names that should be noted:

Doctor:	Phone:
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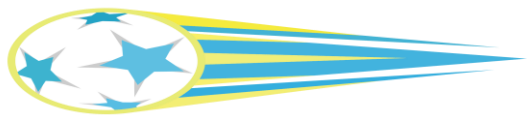
**Are there any custody issues: YES ( ) NO ( )**

Ph: Tracey 0491 118 936 or

Email: [info@southburnettfutsal.com.au](mailto:info@southburnettfutsal.com.au)

Cathy 0408 072 238

Find us on Facebook: @SBFCKINGAROY



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## Medical Details

### Child 1

Is there any medical or psychological reason to prevent your child from participating in any activities of Futsal? (e.g. Heart Problems, Respiratory Problems, Travel Sickness, Blood Pressure, Epilepsy, Contagious Disease, etc. Yes ( ) No ( )

Please provide details if answer above yes:

Player wears glasses? Yes ( ) No ( )

Medication:

Allergies:

Other:

**Any serious or recurring injury or medical information we should be aware of:**

**Yes ( ) NO ( )**

### Child 2

Is there any medical or psychological reason to prevent your child from participating in any activities of Futsal? (e.g. Heart Problems, Respiratory Problems, Travel Sickness, Blood Pressure, Epilepsy, Contagious Disease, etc. Yes ( ) No ( )

Please provide details if answer above yes:

Player wears glasses? Yes ( ) No ( )

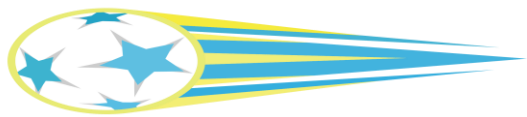
Medication:

Allergies:

Other:

**Any serious or recurring injury or medical information we should be aware of:**

**Yes ( ) NO ( )**



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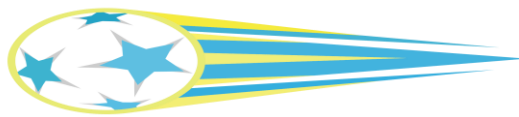
<b>Permissions</b>	
<b>Photo Permission</b> – I allow my child/ren to be photographed by South Burnett Futsal Club Inc and have photos published via Facebook.	Yes (    )    No (    )
<b>Photo Permission</b> – I allow my child/ren to be photographed by South Burnett Futsal Club Inc for use in club promotional materials.	Yes (    )    No (    )
Signature of applicant:	
Signature of PARENT/GUARDIAN <i>(if applicant under 18 years)</i> :	
Date:	

Ph: Tracey 0491 118 936 or

Email: [info@southburnettfutsal.com.au](mailto:info@southburnettfutsal.com.au)

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## **SOUTH BURNETT FUTSAL**

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### **Child 3**

Is there any medical or psychological reason to prevent your child from participating in any activities of Futsal? (e.g. Heart Problems, Respiratory Problems, Travel Sickness, Blood Pressure, Epilepsy, Contagious Disease, etc. Yes ( ) No ( )

Please provide details if answer above yes:

Player wears glasses? Yes ( ) No ( )

Medication:

Allergies:

Other:

**Any serious or recurring injury or medical information we should be aware of:**

**Yes ( ) NO ( )**

### **Child 4**

Is there any medical or psychological reason to prevent your child from participating in any activities of Futsal? (e.g. Heart Problems, Respiratory Problems, Travel Sickness, Blood Pressure, Epilepsy, Contagious Disease, etc. Yes ( ) No ( )

Please provide details if answer above yes:

Player wears glasses? Yes ( ) No ( )

Medication:

Allergies:

Other:

**Any serious or recurring injury or medical information we should be aware of:**

**Yes ( ) NO ( )**