

28 JAN 2003 13:35 FROM CORPORATE SAFETY

TO [REDACTED] P.02/03

[REDACTED]

Season 2001 Player No. 7086 Issued 06/06/2001

Name [REDACTED] BXX

Date of Birth [REDACTED] 043 Age Group MANAGER

[REDACTED]

Signature [REDACTED]

PRINTED 06/05/2001

SOUTHERN DISTRICTS SOCCER FOOTBALL ASSOCIATION INC

REGISTRATION FORM

MANAGER [REDACTED]

ID. NUMBER: [REDACTED]

TEAM AGE: [REDACTED]

CLUB: [REDACTED]

ATTACH ALL OTHER DOCUMENTS BEHIND REGISTRATION FORM

(SHADED AREAS CLUB REGISTRAR ONLY)

I authorise the registration of myself / son / daughter as a, **PLAYER / MANAGER / COACH** (please circle)

Phone number: (home).....(alternative).....

Last Name: [REDACTED] BXX First Name: [REDACTED] BXX
(Player/Manager/Coach name) (Player/Manager/Coach name)

Address: [REDACTED] Suburb: [REDACTED]

Date of Birth: [REDACTED] 43 Post Code: [REDACTED]

with the [REDACTED] Club, this season (Year)

Have you been a registered Player/Manager/Coach in any club? Yes: No: (Please Circle)

Player/Manager/Coach History:
Last Club Registered with:.....
from the..... N/A Association.
in the..... age group for the..... season.

Student status: Full time student / Non-student. (Please circle)
Note: Any player registering as an under 17 or above must supply written proof of being a student at time of registration, or full fees will be charged.

Name of School:.....

PLEASE NOTE:
In signing the form, I hereby declare that the above named player is not an ineligible player as defined by the S.D.S.F.A. INC. BY-LAWS, and agree that any false information provided will incur an automatic five year ban from playing and / or a fine to the club in question.

Signature of Player/Manager/Coach:
[REDACTED] Note: Under 9 age group and above must sign here (9 years and over)
Signed:..... Father / Mother / Guardian (where player is not yet 18 Years old)

Date:
CLUB REGISTRAR:

Sighted: Birth Certificate Passport I.D. Licence Other.....
Signed: [Signature] Printed Name [REDACTED] Date: 26/05/01