



Club/School Name:	
Club Number:	Federation Player Number:

## Soccersouth Player Registration Form

PLEASE PRINT CLEARLY

Last Name:		First Names:	
Gender: (Tick box) Male <input type="checkbox"/> Female: <input type="checkbox"/>		Date of Birth :     /     /	
Postal Address:			
Suburb:		City/Town:	
Telephone (h):	Telephone (w):	Mobile No:	
Email Address:			
Ethnic Group: (Tick box)		<b><u>Emergency Contact</u></b>	
NZ European <input type="checkbox"/>	Maori <input type="checkbox"/>	Name:	
Pacific Islander <input type="checkbox"/>	Other <input type="checkbox"/>	Phone No:	
Specify <input type="text"/>		Relationship : (parent, guardian, spouse or partner)	

<b>What is your role?</b> (Tick all that apply)	<b>Preferred playing position :</b> (Tick box)	<b>Grade playing this year?</b> (Tick box)
Player <input type="checkbox"/> Club Official <input type="checkbox"/> Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Referee <input type="checkbox"/> Physio <input type="checkbox"/> Other (specify): <input type="text"/>	Goalkeeper <input type="checkbox"/> Defender <input type="checkbox"/> Midfielder <input type="checkbox"/> Attacker <input type="checkbox"/>	Junior Competition <input type="checkbox"/> Sec. School Competition <input type="checkbox"/> Adult Competition <input type="checkbox"/> Name the local competition your team plays in: (e g Premier Men's, Div 1, etc) <input type="text"/>

*Pursuant to the Privacy Act 1993, the following is brought to your attention. This form collects personal information about you in order to assist with the administration and promotion of the game of football. The intended recipients of this information are Soccersouth and the football playing organizations, which are collecting and will hold this information. You have the rights of access to and correction of the information on this form.*

*I agree that my personal information may be used and disclosed by Soccersouth and such football playing organizations connected with the administration and promotion of the game of football.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Player, Parent or Guardian (if under 16) Date: \_\_\_\_\_

*When you have completed this form, please forward to you club coach or club administrator.*

If you do not wish to receive promotional material from sponsors associated with football, please tick here.