



REGISTRATION OF AMATEUR PLAYER

Prescribed Form NRR03

FFA REGISTRATION NUMBER

Please PRINT using a black or blue ball point pen. PLEASE COMPLETE ALL SECTIONS.

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PLAYER DETAILS

1. Title Mr Mrs Miss Ms Dr Prof

2. First name

Middle name

Last name

3. Date of birth / /

4. Age Group applied for

5. Gender Male Female

6. Street/Mailing address

Suburb

State Post code

7. Country of birth

8. Nationality

9. Are you aboriginal or Torres Strait Islander? Yes No

10. If you have a disability please specify Physical Intellectual Sensory

State disability

11. Player contact phone/email (please provide at least one phone number)

(fm) (wk)

(mobile)

(email)

12. Emergency contact

(name)

(phone)

(mobile)

REGISTRATION DETAILS

13. Name of Club

14. Club ID

15. Association

16. Registering to play Outdoor Beach

Futsal half season Futsal full season

17. Previous national association

(if the previous national association was based overseas, FFA must obtain an International Transfer Certificate)

18. Previous Club

19. Are you currently under suspension? Yes No

If Yes, how many matches/weeks remaining

Name of football organisation which issued the suspension?

PARENT DETAILS (to be completed if player is under the age of 16 years)

20. Parent/legal guardian

Title Mr Mrs Miss Ms Dr Prof

First name

Last name

Gender Male Female

Contact phone/email (please provide at least one phone number)

(fm) (wk)

(mobile)

(primary email)

(secondary email)

SCHOOL DETAILS

21. Are you a student? Yes No

22. If under 18 years of age and at school, please provide name of school

23. Do you play for the school team? Yes No

FEES (club to provide breakdown of fees)

22. Total fee payable \$ Insurance Levy paid \$

Total amount paid \$

24. Method of payment Cash Cheque

Credit Card Money Order

SIGNING

The Club and the Player as listed above apply to Football Federation Australia Limited to register the Player with that Club as an AMATEUR PLAYER.

By signing this Form, the Player (or if the Player is under 16 years of age at the time of signing this Form, the Player's parent or legal guardian) agrees to comply with the Terms (as specified overseas) and its incorporated documents, including the FFA Statutes and Spectator Code of Behaviour

/ /

(Signature of Player or Parent/Legal Guardian) (Date)

By signing this form, the Club warrants that it has confirmed the Player's name and identity.

(Name of Club Representative) (Signature of Club Representative)

/ /

(Position of Club Representative) (Date)

I do NOT want to receive special offers from Football Administrators partners

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED: / / ENTERED BY:

