



Pine Rivers United Sports Club Inc.
PLAYER REGISTRATION FORM 2017

PLEASE PRINT CLEARLY

Membership #	FFA ID:	Date of Birth / /	
Player's Full Name:		Age This Year (in 2017)	
Medical Conditions: e.g. Asthma, Epilepsy, Glasses, Cardiac, etc. Please state.			
<u>Parent / Guardian information:</u>			
Mother		Father	
Name:		Name:	
Email:		Email:	
Phone: (h)	Mobile:	Phone: (h)	Mobile:

In case of emergency please contact:

- | | |
|----------------|-----------|
| 1. Name: _____ | Ph: _____ |
| 2. Name: _____ | Ph: _____ |
| 3. Name: _____ | Ph: _____ |

PINE RIVERS PREDATORS
2017 PLAYER AND SUPPORTER AGREEMENT

Pine Rivers Predators expects a very high level of on and off field behaviour from both our players and supporters. In the PRUSC Junior handbook (available at the club house or on PRUSC website), it contains the PRUSC 'Code of Conduct'. You are asked to read these pages and sign that you acknowledge your responsibility as a member of Pine Rivers Predators and that you understand the consequences if you breach the club expectations as a Pine Rivers Predator.

Parent/Guardian Agreement

I _____ have fully read "Code of conduct, in the 2016 Information Package or Handbook" and have discussed these documents with my Child/children.

As a supporter or team official of Pine Rivers Predators, I agree to uphold the points in these documents.

Print Name: _____

Signature: _____

Date: _____

PTO



PINE RIVERS UNITED SPORTS CLUB INC MEDICAL AUTHORITY and Photography Permission 2017 Season

MEDICAL AUTHORITY to Administer Paracetamol, Band-aids & Antiseptic Cream

- I give permission for the Coach, Manager or First Aid Officer only, to administer paracetamol, or apply band-aids and/or antiseptic cream to my child, when sudden fever or pain occurs, such as a headache or in the instance of an injury.
- I do not give permission for anyone to administer paracetamol to my child.
- I do not give permission for anyone to administer band-aids to my child.
- I do not give permission for anyone to administer antiseptic cream to my child.

PHOTOGRAPHY PERMISSION

This authority is an agreement between you and Pine Rivers United Sports Club (PRUSC). Please read carefully and sign at the bottom of the page if you agree to allow the publication as set out below. PRUSC would like to be able to use you and/or your child's/player's photo in some of its printed and/or electronic promotion and marketing material, which will be available for viewing by the public. If you sign this authority form it means that you agree to the following:

1. You and/or your child's/player's photo may be used for multiple purposes and occasions including publications in print and electronic media such as PRUSC's website and Facebook
2. You and/or your child's/player's photo may be reproduced in colour or black and white and may be altered for design purposes.
3. PRUSC are not required to inform you where and when the photo/s are being used
4. Material held will be kept for an indefinite time.

PRUSC will not use the photographic images for any purpose other than the general promotion and marketing of PRUSC and its sporting divisions.

Your agreement to permit the use of these photographic images is greatly appreciated. Any inquiries you have, may be directed to the Secretary, Pine Rivers United Sports Club on either secretary@pineriversunited.org.au or via telephone on (07) 3205 4637. To be able to sign this release form you must be over 18 years of age. If you are not over 18 years of age, we will need the written agreement of your parent or guardian before we can use this material.

For under 18's - The parent/guardian has read and understood this release and signed below:

I **DO NOT** give permission for my child's photo to be published in any form

Child/Player's Full Name/s: _____

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date ____/____/____