FOOTBALL FEDERATION AUSTRALIA

REGISTRATION OF

AMATEUR PLAYER

Prescribed Form NRR03

FFA REGISTRATION NUMBER

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

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)*
    (hm) *(wk)*
    (mobile)
    (email)
12. Emergency contact
    (name)
    (phone)
    (mobile)

REGISTRATION DETAILS

13. Name of Club Condell Park FC
14. Club ID
15. Association Bankstown
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?

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED: / /	ENTERED BY:

PARENT DETAILS *(to be completed if player is under the age of 18 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)*
    (hm) *(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)*

24. Total fee payable $ Insurance Levy paid $
    Total amount paid $
25. 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 18 years of age at the time of signing this Form, that Player's parent or legal guardian) agrees to comply with the Terms (as specified overleaf) 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*

Year:

AMATEUR PLAYER REGISTRATION CARD

FFA number

PHOTO HERE

Date of birth / /

Player's Signature

Player's Name

FOOTBALL FEDERATION AUSTRALIA