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| **qcsalogo** | **Whitehill Soccer USE ONLY**  **If joining our club this season to help with the registration process can you please fill out and bring to sign on.** |
| childsafe logo big |
| **2016 Player Registration, Medical (Under 18 Only) & Personal Information Form** | |

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| **CLUB:** | **Whitehill Soccer** | **ID NO:** | **152** | **DATE:** |  |
| **QCSA PRIVACY STATEMENT:** The QCSA Inc. Registration Form requires the provision of personal information e.g. name, contact details and birth dates. This information is required for Registration & Membership purposes with the QCSA Inc. and the relevant club. Full names may be used on the QCSA website and newsletters where appropriate or necessary, e.g. Player of the Year. QCSA Inc. will NOT make any identifying information available to any other parties without consent UNLESS required in the ordinary operation of the QCSA, for example, compliance with the QCSA Constitution, Rules and By-Laws, insurance, or other lawful purposes outlined in Information Privacy Principle #10 (Qld). | | | | | |

**Whitehill Church of Christ Protecting Your Privacy**

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-In-Charge). You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program.

Whitehill Soccer will use the below information to forward any information to you about the 2016 soccer season. In case of an emergency the coach/manager will have a copy of this information. Whitehill Soccer will not be contacting any player Under 18 directly we will forward any information to the Parent/Guardian (below) to pass onto the player.

**Player Registration Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLAYER DETAILS: | | | | | | | | |
| Surname: |  | | First Name: |  | | ID (If Known): | |  |
| Ph Home: |  | | Ph Work: |  | | Ph Mobile: | |  |
| D.O.B.: |  | | Age at 31/12/2015: |  | | Male / Female: | |  |
| Address: |  | | | | | | | |
| Most Recent QCSA Club: | |  | | | Transfer Required: | | Y / N | |

**Safety and Care Details**

In the event of an emergency, please list phone numbers where, a friend or relative may be contacted during the course of the program.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_

Your/Family email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consent to appropriate use by us of photographs taken during the program that include yourself or your children in the following?**

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| For inclusion at Church events, children’s or youth activities? | Yes  No |
| For inclusion on the Church website or the Church social networking site? | Yes  No |
| For inclusion in church or ministry related brochures, newsletters or promotional material? | Yes  No |
| For inclusion in local newspapers? | Yes  No |

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| PLAYER: Player Signature required for all players in U11 and above | |
| * I hereby apply for registration of the QCSA as a member of the Whitehill Soccer club. * I agree to abide by the following to which the QCSA and Whitehill Soccer subscribes (these are available at <http://www.qcsa.org.au> and the players handbook).  1. The Rules & By Laws of the Queensland Christian Soccer Association Inc. 2. The Laws of the Game (LOTG) of Soccer as governed by FIFA; and 3. The Standards outlined in the “Codes of Behavior” on whitehillsc web site. 4. I understand fees must be paid by the date stated on the whitehillsc web site. If fees not paid or repayment negotiated with the Treasurer by this date player will not be able to take the field until paid.  * I am aware that the Association holds an insurance policy to cover me (available at <http://www.qcsa.org.au>). | |
| Player Signature: | (All players in Under 9 and above) |
| |  | | --- | | Parent/Guardian DECLARATION: Parent/Guardian Signature required for all players NOT 18 at time of signing |  * As a Parent / Guardian of the above player I sign on the player’s behalf and in addition agree to abide by the “Parents” and “Spectators” Codes of behavior outlined by Active Australia. | |
| Parent / Guardian: | (Required if Player is aged under 18 Years) |