



**SPRINGFIELD UNITED FOOTBALL CLUB**

PO Box 4401, SPRINGFIELD QLD 4300

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[www.springfieldutd.com.au](http://www.springfieldutd.com.au)

ABN: 966 264 673 62

**REGISTRATION FORM  
2018 KOMODO TEAM TRIALS**

**Full name of player:** ..... **Gender:** Male / Female (circle)

**Date of Birth:** ..... **FFA # (if known)** .....

**Address Details:** .....

..... **Post Code:** .....

**Shirt size:** ..... (use current sky blue training shirt as a guide)

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**Emergency Contact Details:**

**Mother's/Guardian's Name:** .....  
(if player is under 18)

**Mobile Number:** ..... **Email Address:** .....

**Do you agree to be contacted by:**     Text/SMS     Email

**Father's/Guardian's Name:** .....  
(if player is under 18)

**Mobile Number:** ..... **Email Address:** .....

**Do you agree to be contacted by:**     Text/SMS     Email

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**Age Group** (age turning in 2018)     U8     U9     U10     U11

**I give permission** for Springfield United Football Club to photograph my child for the purpose of promotional material including the clubs Facebook Page, Website and printed material (newsletter)

**I do not give permission** for Springfield United Football Club to photograph my child for the purpose of promotional material including the clubs Facebook Page, Website and printed material (newsletter)

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I acknowledge and agree that the activity organised or conducted by the club is in the nature of a sport and as such has some dangers and risks, which may include the risk of injury to the participant.

The Parent(s)/Guardian(s) further acknowledges and agrees that due to the nature of the activity, it would be unreasonable for the club to be in any way responsible for any injury to the participant and the Parent(s)/Guardian(s) hereby, to the full extent permitted by law, waives all of his or her and the participants legal rights of action against and fully releases the club for loss, damages, injury or death howsoever arising out of or in relation to the participation by the participant in the activities conducted or organised by the club including without limitation, liability for any negligent or torturous act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the club, its office bearers, directors, employees, agents or sponsors.

The Parent(s)/Guardian(s) further acknowledges and agrees that he or she has enrolled the participant freely, voluntarily and absolutely at his or her own discretion and risk and with a full appreciation of the nature and extent of all risks involved in the activity. This waiver shall bind the participant and his or her Parent(s)/Guardian(s).

I have read and understand this waiver of my legal rights and that of the participant, and I agree to the terms and conditions.

**Signature:** ..... **Date:** ...../...../.....