



# FLOREAT ATHENA JUNIOR SOCCER CLUB

## 2017 Player Expression of Interest

Po Box 198  
Mt Hawthorn 6915  
[www.floreatathenafc.com.au](http://www.floreatathenafc.com.au)

### PLAYERS DETAILS (one form per player)

SURNAME:		GIVEN NAMES:	
ADDRESS:	STREET	SUBURB	POST CODE
DATE OF BIRTH:		EMAIL ADDRESS:	
PHONE NUMBER:		MOBILE NUMBER:	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

### AGE GROUP

<input type="checkbox"/> U12	<input type="checkbox"/> U13	<input type="checkbox"/> U14	<input type="checkbox"/> U15	<input type="checkbox"/> U16
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### PARENTS/GUARDIAN DETAILS

NAME:		EMAIL ADDRESS:	
CONTACT NUMBER:		MOBILE:	

### PLAYER HISTORY

CLUB		YEAR PLAYED	
PLAYING POSITION			

**Selected players for NPL teams are required to confirm their acceptance with a \$300 non refundable deposit.**

**Balance of fees are required by 1<sup>st</sup> February 2017.**

### MEDICAL

Please advise if your child has any allergies and/or requires regular medication.     Yes     No

If Yes, please provide details. ....

### CONSENT

Where it is not practical to communicate with yourself or your emergency contact, I authorise the coach/organizer in charge of training to consent to receiving such medical treatment as may be considered necessary. I am aware that Floreat Athena Soccer Club insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings. I give permission for my name, photograph or image to appear in Floreat Athena publications such as, posters, flyers, newsletters, website and social media (facebook and twitter)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

**Official Use Only**