



FLOREAT ATHENA JUNIOR SOCCER CLUB

2018 Player Expression of Interest

Po Box 198
Mt Hawthorn 6915
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 teams are required to confirm their acceptance with a \$300 non-refundable deposit.
Balance of fees are required by 1st February 2018.**

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