



## PLAYER REGISTRATION FORM

1/79-83 Anderson Road, Smeaton Grange, NSW  
 2567  
 Tel: 4648 1167  
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 Mobile: 042 1857380  
 Email: [narellan@allsportsindoor.com.au](mailto:narellan@allsportsindoor.com.au)

*Please either hand deliver or fax to 46481169 or email to narellan@allsportsindoor.com.au*

MEMBERSHIP No. \_\_\_\_\_ CARD TYPE: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_ D.O.B: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT \_\_\_\_\_

GAME TYPE	DAY OF WEEK	AM / PM	TEAM NAME

I authorise Allsports to send me SMS messages containing details of any time changes, centre updates and promotions (tick the box if you wish to receive SMS messages, leave it blank if you do not wish to receive SMS messages)

I, hereby declare that I am in good health and do not suffer from any ailment, disability or condition which will affect my ability or prevent me from taking part in any of the sporting activities and competitions organised by "ALLSPORTS INDOOR NARELLAN".

**NOTE: Persons participating who are under the age of 17 years must have this form signed by their parent or legal guardian on behalf of the above nominated player.**

**PLAYER**

PRINT NAME : \_\_\_\_\_ SIGNED: \_\_\_\_\_  
 DATE : \_\_\_\_\_

**PARENT / LEGAL GUARDIAN**

PRINT NAME : \_\_\_\_\_ SIGNED: \_\_\_\_\_  
 DATE : \_\_\_\_\_

OFFICE USE ONLY:		
AMOUNT PAID \$	RENEWAL DATE:	STAFF:
CENTRE:		