

Soccer Under The Stars



APPLICATION FORM

Name:..... Date of Birth:..... Male Female

Address:..... Postcode:

Phone: Mobile:..... Email.....

Player Licencee SUTS Star Club Membership Trainer – Junior 16-20 Trainer – Senior 20+ **APPLICANT'S PHOTO**

Choose Your Birth Month's Star:.....

I am a SUTS Star Club Junior/Teen/Senior:

Sport Interested Playing In (eg. Netball):

Sports Played: AFL Basketball Hockey
 Netball Rugby League Rugby Union
 Soccer Swimming Tennis

Other:

Payment Amount:..... Cash Cheque Eftpos Date:

Comments:.....
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DECLARATION:

1. Please enrol the above as a Licencee/Player/Trainer of Soccer Under the Stars (SUTS) in accordance with SUTS Constitution and By Laws.
2. I understand that I am bound by the Constitution and By Laws of SUTS and any resolution the Management deems fit.
3. It is understood that SUTS cannot be held responsible for any injuries incurred as a result of participation in the activities of SUTS.
4. I agree to abide by the SUTS Team Formation/Licence Agreement and Grading Policies.
5. Insurance: Under 17 and over will be classed as seniors unless able to produce a Student ID. By way of reading this declaration I have been advised that I should take out health insurance to avoid shortfall should Licencee/ Committee/Player listed here become injured.

Signature: Date:
(Must be signed by parent if person under 18)