



**South East / West / North (circle one)**  
**Zone Player Registration Form**

**PRIVACY STATEMENT:** The information on this form is being collected to ensure your child's / your participation in QCSA Zone activities is as enjoyable and safe as possible. Provision of your details is voluntary but without this information, your child's / your care may be compromised.  
Details provided will be kept strictly confidential, to be accessed only by the Team and Zone management

**Please use BLOCK letters**

Players Name: \_\_\_\_\_ **Age Group 2019:** \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

Parents / Carers Details: \_\_\_\_\_

Emergency Contact Number 1: \_\_\_\_\_ Emergency Contact Number 2: \_\_\_\_\_

-----  
Club Registered With \_\_\_\_\_

Current Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

(Note: Please get your coaches permission for your Zone coach to contact them.)

-----  
MEDICARE Number: \_\_\_\_\_

Do you suffer from any medical complaints (diabetes, asthma, epilepsy, etc.? Management Plan provided)

YES / NO \_\_\_\_\_

Do you suffer from any allergies?

YES / NO \_\_\_\_\_

Are there any other medical issues the Zone should know about?

YES / NO \_\_\_\_\_

(Please use overleaf if necessary)

**Declaration:**

- I hereby agree to abide by the rules and codes of behaviour of the QCSA

- I pledge that the information provided is true and correct to my knowledge.

- I understand that if selected, players are expected to attend all training sessions & practice matches organised by the coach & manager of the team. Absence without prior arrangements with the coach may jeopardize the player's position in the team.

- I consent to my child taking part in practices and matches organised by the QCSA Zone and further authorise the coordinators, coaches, and team managers to obtain medical assistance that they may deem necessary should an injury occur and agree to pay all fees incurred on behalf of my child or myself.

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

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

Date \_\_\_\_\_