

**CANTERBURY & DISTRICT SOCCER FOOTBALL ASSOCIATION INC**

PO Box 402 Croydon Park NSW 2133

42 Arthur Street, Ashfield NSW 2131

**PLAYER REGISTRATION FORM  
SUMMER 2010-11**

Canterbury Soccer Sixes wishes to register the player whose details appear below, in the

**Canterbury Soccer Sixes Summer Competition.**

Team Name: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Other Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Contact No(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Age turning in 2010 (Jan to Dec): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Club Last Registered: \_\_\_\_\_ In Year: \_\_\_\_\_

Players/coaches registered with the CDSFA in 2010, are not required to provide proof of age/identity.

New players/coaches\* to the CDSFA in 2010-2011 Summer Competition must provide a birth certificate, drivers licence or passport and have a digital photo taken.

\* Junior team coaches must sign a 'Prohibited Employment Declaration'.

**Declaration**

I hereby declare:

1. I am not under suspension by any sporting organisation;
2. I have not contracted or signed to play for any other soccer team this year;
3. I am duly qualified to play for this team according to the rules of the Association;
4. There are no monies or property owing by me to any Club or Association.;
5. I have read the above information regarding my details on this form and it is correct and true;
6. I accept that once I have registered and paid my fee I will not be entitled to any refund once the season starts and I have taken the field of play;
7. That I have had the opportunity to read the rules of the Association and will abide by these rules and any decision(s) of C.D.S.F.A. Inc.

\_\_\_\_\_  
Signature of Player, Parent or Guardian

\_\_\_\_\_  
Date

Fee:

Paid:

Receipt No:

PO Box 240 Belmore NSW 2192

Phone: 0407 400 753

Email: [canterburysoccersixes@bigpond.com](mailto:canterburysoccersixes@bigpond.com)

Web: [www.canterburysoccersixes.com.au](http://www.canterburysoccersixes.com.au)

