



FUTSAL SUPER 5's REGISTRATION FORM

SOCIAL 5-A-SIDE COMPETITIONS

TEAM NAME: _____

VENUE: _____

SEASON: _____

Competition category

Men's Mixed Women's

TEAM UNIFORM (Colours)

Shirts: _____

Shorts: _____

TEAM CAPTAIN	
Name	_____
Address	_____
Phone	(M) _____ (W) _____
Email	_____

VICE CAPTAIN	
Name	_____
Address	_____
Phone	(M) _____ (W) _____
Email	_____

First Name	Surname	Postal Address	Suburb	P/code	D.O.B	Phone (h)	Phone (w)	Signature

I wish to enter a team into the Futsal Super 5's (Indoor Soccer) competition at (please specify venue) _____. I am willing to act as a contact for my team until further notice with an active email address and phone number. I have read all the rules and regulations pertaining to the Futsal Super 5's competition and agree for myself and team members to abide by them. Furthermore I will not hold the Directors or Officials of Futsal Super 5's responsible for any injury, damage or loss of property to or belonging to members of my team. I understand the competition I am entering operates under a low-tolerance policy and if at any point behaviour, conduct or commitment is questioned, the Directors and Officials have the ability to remove my team from the competition. I understand and accept the conditions and competition rules on behalf of the team. (Registration/Insurance fees must be paid by round 2 of competition).

CAPTAIN'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
RECEIPT NO. / AMOUNT:
COMMENTS:
DATE: