ILC Soccer Club Registration Form

Players Name:__________________________________________ D.O.B:__________________
Address:__________________________________________________________________________

ILC Student in 2014: Y/N Year Level at School: ______ Age as at the 31/12/2013: ______

Parents Names: A:________________________________________________ B:____________________
Parents Occupations: A:________________________________________________ B:____________________
Home Telephone Number/s: A:__________________________ B:__________________________
Mobile Telephone Number/s : A:__________________________ B:__________________________
Email Address:________________________________________________________________________

Emergency Contact (other than parents) : ________________________________________________

If you are a new registration to the Immanuel Lutheran Soccer Club, please ensure that you bring proof of age (Birth Certificate or Passport) with you on Registration day.

Did your child play for ILC Soccer Last Year?: Y/N
Is Yes, what team: U__________ Name of team:______________________________________________
Would your child like to remain with that team?: Y/N

Please nominate 2 children they would like to play the 2014 season with:
1._________________________________________ 2._________________________________________

Is your child playing down from his/her correct age division? Y/N
If yes, you will need to complete and attach an application for dispensations (Form 2)
Do you have any other particular requests? _______________________________________________

Are you able to assist ILC Soccer at Committee / Team Level? (please circle) Y/N
Any specific position? Coach / Assistant Coach / Team Manager / Vice President / Match Controller/
U14’s & above (to mentor & develop younger teams) Y/N

I agree and abide by the following:
I have read and accepted the ILC Soccer Club Guidelines set out on Immanuel Website (soccer). I give permission for my Childs photo to be used in any promotional material and on the Immanuel Website.

Parent / Guardian
Signature:____________________________________________________Date:___/___/___

For Club Use Only: Fees: $__________ Payment by: Cash / Cheque / Eftpos
Cheque Details:________________________________________________________
Receipt Number:______________Date:___/___/___
D.O.B. Proof Sighted: Y/N Type:__________________________ Signed by Registrar____________________
Registration Number:__________ Age Div: U__________ Team:____________________________