

WRITE CLEARLY - USE BLOCK LETTERS



AMATEUR REGISTRATION FORM

Season 2023		
MSN	FFA	Team
		Amateurs

Player Details (Amateurs)

First Name		Date of Birth	
Surname			
Street address			
		Postcode	
E-mail address			
Home phone		Mobile phone	

Family Details	Parent / Guardian 1	Parent / Guardian 2
First name		
Surname		
E-mail Address		
Mobile number		

Medical Information (In case of Emergency)

Family Doctor	<i>Name:</i>	<i>Phone:</i>
Details of any medical condition the coach must be aware of and what action to take		

Playing Background

Previous playing experience (which club, and level)	
Name of School or College	

Amateurs Registration Form

Player Name		Team	Amateurs
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Please read continuing:

1. Playing Kits will only be distributed once registration fees have been paid in full.
2. Playing Kits for new players will be distributed according to best fit from remaining spare kits.
3. Playing Kit Sizes / Numbers cannot be changed.
4. Match Tops will need to be returned at the completion of the 2023 season.
5. Additional apparel items may be purchased throughout the year through the online shop.

Registration Fees

Basic Player Registration Fee – NON-REFUNDABLE		
All players will receive the following:		
- 2x Match Top – Home & Away (To Be Returned at Season End)		\$ 350.00
- 2x Match Shorts – Home & Away		
- 2x Match Socks – Home & Away		
- 1x Training Top		
Total Cost		\$

Remaining SAASL Fees to be paid during PlayFootball Online Registration	\$ 90.00
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Player Declaration: By signing this document I confirm the details provided are true and correct. I agree to abide by all Football SA and Club rules, regulations, and directives, whilst respecting the player, parent, spectator and officials' codes of conduct. I agree to abide by MetroStars Parent/Guardian and Player Code of Conduct. I understand and consent that immediate first aid may be administered if no parent/guardian is present as required. I also acknowledge and accept that payment of fees is required in full and is **non-refundable**.

Date: _____ Name: _____ Signature: _____

OFFICE USE ONLY

Date	Amt. Rec.	Rec. No	Pmt Method	NOTES
	\$			
	\$			
	\$			