



AC Carina Football Club

REGISTRATION 2010

New Membership

Renew Membership

Parent / Guardian Details

Parent 1: _____ Parent 2: _____

Address: _____

Suburb: _____

Email: _____ Postcode: _____

Phone: Home: _____ Business: _____ Mobile: _____

Occupation _____

Player Details

| Surname | First Name | DOB | SCHOOL ATTENDS / NOMINATED TEAM |
|---------|------------|-----|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

All players must provide proof of age (photocopy of birth certificate) on Registration Day.

SUBSCRIPTION

A player under 18 must have one (1) parent/guardian registered as a member. Each player over 18 must be a member.

All fees include full membership, player insurance, registrations, and levies.

Does not include referees fees for divisional teams.

| Program | Fee | Number | TOTAL |
|-------------------------------------|-------|--------|-------|
| Squirts | \$160 | | |
| Junior - U6 to U10 | \$240 | | |
| Junior (Divisions) – U11, U12 & U13 | \$280 | | |
| Seniors | \$450 | | |
| GRAND TOTAL | | | |

AGREEMENT

I hereby agree that I and the player(s) registered above will abide by the constitution, rules and regulations of AC Carina Football Club. I further agree that neither the Club nor any of its officials will be held liable for any personal injury or loss or damage to property whatsoever, whether sustained by the player(s) registered above or caused by the same to other and I indemnify the Club and its officials accordingly. This registration cannot be accepted unless it is signed by the registrant's parent or legal guardian.

Signed: _____ (Parent/Guardian)

Date: _____

Payment Details

Visa Mastercard Cheque No: _____ (payable to AC Carina FC)

Credit Card No: _____ / _____ / _____ / _____ Expires: ____ / ____

Name on Card: _____ AMOUNT: \$ _____

Direct Deposit to: Brisbane Abruzzo Assoc AC Carina Football Club **BSB:** 084-293 **Acct No:** 636 089 354