



NEW SOUTH WALES CHURCHES FOOTBALL ASSOCIATION INC.

FORM CI - 2010 SEASON REGISTRATION FORM – INDIVIDUALS

SURNAME: CHRISTIAN NAMES:
(Print BLOCK letters) (Print BLOCK letters)

ADDRESS:

POST CODE DATE OF BIRTH:

CLUB: TEAM:

Recent Player History (Please include PREVIOUS YEAR's Details)

Are you a NSWCF A qualified Associate Referee: YES / NO ..if YES, please attach affiliation form

Previous Club: Team: YEAR:

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CARD EXPIRY: 31/12/ _ _

CURRENT NSWCF A I. D. CARD NO.: Spectacle Warrant issued: NO / YES

Warrant Exp. Date: _ _ / _ _ / _ _

I, the above named player (or Parent/ Guardian thereof) declare the following:

1. The above information is true & correct.
2. I hereby declare to uphold and enforce the Code of Practice of the NEW SOUTH WALES CHURCHES FOOTBALL ASSOCIATION INC.(referred to herein as NSWCF A"). **Extract from such code, applicable to players, is specified on Page 2 of this form.**
3. I am aware of the conditions of the Association's Insurance policy. I will obtain full details from my Club Secretary and supply any relevant information that may be required. **Teenage players and Senior players seeking insurance cover for medical ONLY and NOT loss of income, will need to attach a Statutory Declaration stating an income is not earned and will not need insurance for loss of Income.**
(If Stat. Decln is not supplied with this form, full insurance payment is required)

Office Use ONLY - Form CI Date Reg No.....

Statutory Declaration YES / NO

Re-Issued Card No. (Office Use ONLY).....

All Correspondence to:

Secretary, PO Box 509. Chester Hill, NSW 2162 3/9 Chester Hill Rd, Chester Hill, NSW 2162

Phone: (02) 9645 6100 - 6101 Fax: (02) 9645 6102 Email: nswcfa@tig.com.au Home Page: www.nswcfa.com.au