



Bankstown City FC Inc.

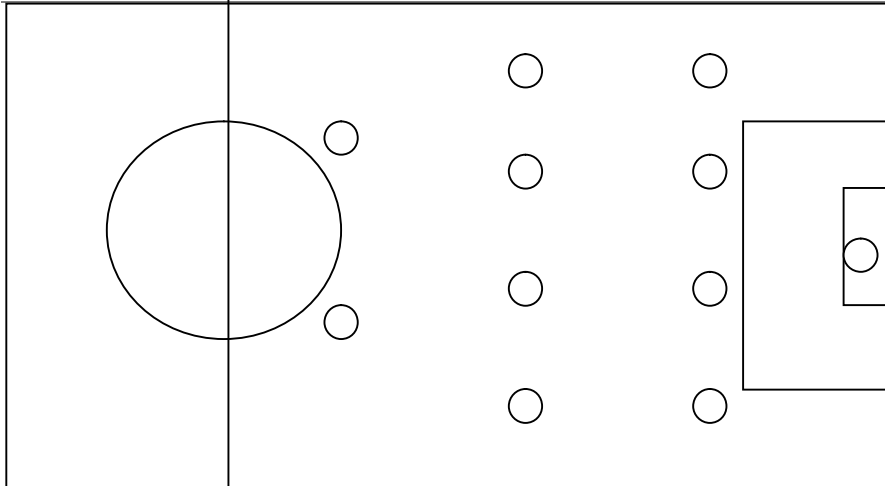
| |
|-------------|
| Player ID # |
| AGE Group |

PLAYER INFORMATION

| | |
|---|---|
| Players Name: | Players DOB: |
| Players Address: | Telephone number: |
| Name of Previous club: | How long were you there? |
| Preferred kicking foot(left/right) | |
| Any known illnesses. Please note a doctors clearance will be required before players will be allowed to play. All players must submit a doctors certificate before the start of the season. | |
| Parents first name: | Parents Last name: |
| Parents Home Phone #: | Parents Mobile #: |
| Parents work Phone #: | Parents email address: |
| Parents/guardians address : | |
| Emergency contact person and Number: | Do you have private health cover Who: <u> </u> <u> </u> |

PLAYING POSITION

Please nominate the positions you have played in order of preference from 1 to 3



SIGNATURES

Parents/Guardians signature _____

Date _____

Coaches Comments:
