




Croydon City Arrows Soccer Club Inc.
2009 Application for Family Membership



Parent / Guardian Details				
Title:		First Name:		Surname:
Address:				
Suburb:		Postcode:		
Home Phone Number:		Mobile Phone Number:		
Email Address:				
The Club Communicates with members via provided email addresses, if available.				
Spouse / Partner / Guardian Details				
Title:		First Name:		Surname:
Address:				
Suburb:		Postcode:		
Home Phone Number:		Mobile Phone Number:		
Email Address:				
The Club Communicates with members via provided email addresses.				
First Players Details: (Oldest Child First Please)				
Players Full Name:		Date of Birth:/...../.....	
Previous Club:		Male / Female	**Age child turns in 2009.	
**The age the child turns in 2009 is the age group they must play in.				
Second Players Details: (Oldest Child First Please)				
Players Full Name:		Date of Birth:/...../.....	
Previous Club:		Male / Female	**Age child turns in 2009.	
**The age the child turns in 2009 is the age group they must play in.				
Third Players Details: (Oldest Child First Please)				
Players Full Name:		Date of Birth:/...../.....	
Previous Club:		Male / Female	**Age child turns in 2009.	
**The age the child turns in 2009 is the age group they must play in.				
Players Medical Details (Please ensure all medical conditions of above players are listed).				
Family Physician:		Phone:	_____	
Pre-existing medical conditions (e.g. Allergies or chronic illnesses) Please write players name then their Medical details.				
	Contact:		Phone:	_____

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1. I hereby give permission for the above-mentioned child/ren to participate in soccer.
- 2 Parents and children acknowledge that soccer (training and games) is a contact sport and they assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants and equipment, the effects of weather, and other reasonable risk conditions associated with the sport. Accordingly parents and children hold the Club harmless against all claims of whatsoever nature arising out of any injury, loss or damage suffered as a result of any player participating in any authorised Club soccer training or game.
3. All fully paid members are registered with the Football Federation Victoria (FFV) and covered by the FFV's group insurance policy, which provides basic insurance cover for players whilst playing in FFV competitions and whilst training with the club. Parents and Guardians are advised that they should consider taking out private health insurance cover.
4. Croydon City Arrows Soccer Club will not be liable for any cost that is not covered by the FFV Group Insurance Policy.
5. Further I authorise the club to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable efforts have been made to reach me.
6. In some grades it will be necessary for the club to grade players according to their ability, this is for the benefit of the players and allows them to compete against teams of similar abilities.
7. Parents and Guardians will need to provide their Team Manager with assistance on training and match days, which may include helping out in the club's canteen, putting up nets, marking lines and providing oranges for the players at half time. These duties will be advised to parents and guardians on a roster developed and distributed by the team manager.
- 8 Players will not be allowed to train or play unless full membership fees are paid. The club reserves the right to withdraw any player or team that has not paid its membership fee prior to season commencement.
9. Written Refund requests will have a \$25 administration fee applied. Once players have been registered with the FFV and the home and away season has started registration money paid to the FFV will be non-refundable (as per FFV policy). Any Fees changed by the FFV will also be deducted.
- 10 The Club reserves the right to suspend or expel any player or member for failing to abide by the rules, regulations and codes of behaviour, as published in the Croydon City Arrows Soccer Club Handbook and as displayed on the FFV (www.footballfedvic.com.au) and Croydon City Arrows Soccer Club Website (www.croydoncitysc.org.au).

I Hereby apply for family membership of the Croydon City Arrows Soccer Club (CCASC).

I have read and understand the clubs rules and codes of contact on the Clubs Website.

**I agree to conduct myself in a manner that will not bring this Club or
the game of soccer into disrepute.**

I declare that the details provided above are true and correct.

Parent/Guardian Name		(Please Print)
Parent/Guardian Signature		Date



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MEMBERSHIP PAYMENT FORM

Parent / Guardian Details			
Family Name:		First Name:	
Email Address:			
Players Team:			

Registration Fees: Amount in brackets is full fee if payment not made by 1st March 09
(Oldest Player will be considered the first player)

	1 st Player	Quantity	Amount Due
Goalkick 5-8 yo	\$125		
U 9-10	\$175		
U 11-17	\$225		
U 18	\$250		
		Sub Total	
Uniform:	Size in cm	Quantity	Amount Due
Shorts & Socks 1 Set	\$40		
Shorts 1 Pair	\$30		
Socks 1 Pair	\$15		
		Sub Total Uniform	
		Sub Total Registration	
		Amount Due	\$

Note: Registration Payments must be received by 1st March 2009 or full fees will be payable.

Payment Methods

Cheque

Post your cheque and completed registration form to the club

Credit Card

Payments can be made in full or over 4 equal monthly payments.

Complete the following credit card details form and return with completed registration forms

Please note that to cover the high cost of credit card payments a \$5 fee will be charged for Credit Card payments made via this method (By Mail).

Pay Electronically via BPAY to avoid this \$5 fee (see below).

Electronic Payment

The club offers the following Electronic Payment methods:

Direct Deposit and BPAY via Internet and Phone Banking.

BPAY payments can be made via your Internet or Phone Banking through your bank.

Payments will be accepted from your savings / cheque or credit card Visa/MasterCard (Credit Card payments must be made in full).

Please return the Registration form to the club by mail, an invoice will be generated by the club and emailed/mailed out to you for payment.

Full instructions for payment will be provided on the invoice.

Tick this box to pay electronically and request an invoice to be generated.

Please ensure an email address is recorded here for delivery of invoice.

Enter Email address here: _____

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Club's Postal Address

Croydon City Arrows JSC, Attn Registrar, P.O. Box 571, Croydon, 3136

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Credit Card Payments by return mail			
(Do not complete this for Electronic Payments)			
Complete this form to pay by Visa / MasterCard in full NOW or over 4 equal monthly instalments.			
This manual method will have a \$5 fee charged for each payment. In case of the 4 monthly payments the \$5 fee will only be charged once.			
Select from the following (tick one box only):			
<input type="checkbox"/> Full Payment			
<input type="checkbox"/> 4 Equal Monthly Payments, Payments commence 1 st week of March, then monthly for 3 months.			
Credit Card Full Payment			
Card Type (Circle Card Type)	Visa	MasterCard	
Card Issuer i.e. Westpac			
Credit Card Number #			**CVV Check Digits last 3 numbers
**CVV Check digits appear on the signature strip on the reverse of the card the last 3 digits.			
Card Holder Name			
Expiry Date	/		
Payment Amount	\$		
I authorise <i>Croydon City Arrows Junior Soccer Club</i> to charge my abovementioned Credit Card for the payment of the above Soccer Registration/Uniform/Credit card fees owing. Either in full or by 4 Equal Monthly Payments as I have indicated above.			
Cardholder Signature			Date