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**SOCCER ASSOCIATION**

**SHEPPARTON JUNIOR**

**PLAYER REGISTRATION FORM**

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| **The SJSA registration process requires lodgement of this form with your school or club as well as completing an on-line Play Football registration.**  **You will not be eligible to play until both components of the registration process**  **have been completed.** | | | | | |
| Proof of Play Football SJSA Registration provided to school / club Delegate | | | | | **YES** |
| **PLAYER DETAILS:** | | | | | |
| Name: | First Name: Click or tap here to enter text. | Surname: Click or tap here to enter text. | | | |
| Email: | Click or tap here to enter text. | | | | |
| Address: | Click or tap here to enter text. | | | | |
| Telephone: | Mobile: Click or tap here to enter text. | Home: Click or tap here to enter text. | | | |
| Date of Birth: | Click or tap here to enter text. | Age: | Click or tap here to enter text. | | |
| School: | Click or tap here to enter text. | Year Level: | Click or tap here to enter text. | | |
| **PARENT / GUARDIAN DETAILS:** | | | | | |
| Name: | First Name: Click or tap here to enter text. | Surname: Click or tap here to enter text. | | | |
| Email: | Click or tap here to enter text. | | | | |
| Telephone: | Mobile: Click or tap here to enter text. | Home: Click or tap here to enter text. | | | |
| **DISPENSATION:** | | | | | |
| Do you to apply for dispensation to play in the age group below the one you are eligible for? | | | | | **YES** |
| Players who apply for dispensation to play down an age group must have a valid reason for doing so & the | | | | | |
| application for dispensation must be supported by the players’ school or club. | | | | | |
| Dispensation applications must be submitted in writing to the SJSA by the school / club Delegate | | | | | |
| clearly stating by the reason for the application. | | | | | |
| Applications will be assessed by the SJSA Executive & the Delegate will be advised of the outcome. | | | | | |
| **MEDIA RELEASE AGREEMENT:** | | | | | |
| I give permission for the SJSA to use my child’s name & image in print & digital media including the | | | | | |
| SJSA Facebook Page, Instagram & website. | | | | **NO** | **YES** |
| **SUPPORT TO SJSA DURING THE SEASON:** | | | | | |
| All schools & clubs will be rostered once or twice during the season to assist with ground set-up / pack-up | | | | | |
| or to assist in the Canteen / BBQ. | | | | | |
| I acknowledge that I will be rostered to assist on that / those day(s). | | | | | **YES** |
| **MEDICAL INFORMATION:** | | | | | |
| Do you have any medical conditions that we should be aware of? | | | | **NO** | **YES** |
| If yes, please provide details. Click or tap here to enter text. | | | | | |
| Do you have an action plan? | | | | **NO** | **YES** |
| **If yes, a copy must be provided.** | | | | | |
| Do you have any serious allergies that we should be aware of? | | | | **NO** | **YES** |
| If yes, please provide details. Click or tap here to enter text. | | | | | |
| Do you have an action plan? | | | | **NO** | **YES** |
| **If yes, a copy must be provided.** | | | | | |
| **EMERGENCY CONTACT:** | | | | | |
| Please name someone (not a parent) who can be contacted in case of an emergency. | | | | | |
| Name: | Click or tap here to enter text. | | | | |
| Relationship: | Click or tap here to enter text. | | | | |
| Telephone: | Mobile: Click or tap here to enter text. | Home: Click or tap here to enter text. | | | |
| **COMPLAINTS & DISCIPLINARY PROCEEDURES:** | | | | | |
| Parent / Guardian complaints & concerns should in the first instance be directed to the School / Club | | | | | |
| Delegate. If a resolution is not able to be achieved, the matter should be referred to the SJSA Executive. | | | | | |
| Disciplinary matters will be dealt with according to the SJSA Disciplinary Procedure & Policy. | | | | | |
| It is mandatory that all players & parents / guardians read the Code of Conduct & Social Media Policy. | | | | | |
| Registrations will not be processed if the Code of Conduct & Social Media Policy Agreements have not | | | | | |
| been acknowledged & compliance with agreed to. | | | | | |
| **Player Code of Conduct & Social Media Agreement:** | | | | | |
| I have read the Player’s Code of Conduct & the Social Media Policy & hereby agree to comply with both | | | | | |
| throughout the soccer season. I understand that the Code of Conduct applies to both training & game day. | | | | | |
| I also understand that failure to comply with the Code of Conduct or the Social Media Policy will be dealt | | | | | |
| with by my school or club & in extreme cases by the Executive of the Shepparton Junior Soccer | | | | | |
| Association. I also understand that repeated breeches of the Code of Conduct or Social Media Policy | | | | | |
| After such discussions will result in my expulsion from SJSA. | | | | | **YES** |
| **Parent / Guardian Code of Conduct & Social Media Agreement:** | | | | | |
| I/We have read the Player’s Code of Conduct & the Social Media Policy & hereby agree to comply with both throughout the soccer season. I/We also agree to support my/our child(ren) in complying with the | | | | | |
| Player’s Code of Conduct & Social Media Policy. I/We understand that failure to comply with the Code of | | | | | |
| Conduct or the Social Media Policy will be dealt with by my school or club & in extreme cases by the | | | | | |
| Executive of the Shepparton Junior Soccer Association. I/We also agree to take responsibility for any | | | | | |
| spectators that may accompany me/us to watch my/our child(ren) at training or on game day. | | | | | **YES** |
| **INDEMNITY AGREEMENT & CONSENT FOR MEDICAL TREATMENT:** | | | | | |
| In consideration of the Shepparton Junior Soccer Association accepting the above-named player as a | | | | | |
| member of the said Association, I agree & do hereby indemnify the said Association, its Officers, Agents, | | | | | |
| Coaches or Referees inforas & to the extent which the Association, its Officers, Agents, Coaches or | | | | | |
| Referees are not entitled to be indemnified under any policy of insurance whatsoever from & against any | | | | | |
| damages, claims, or demands arising out of any accident or illness which may have befallen or occur to the | | | | | |
| said player during his or her participation in soccer matches or other functions connected with the | | | | | |
| Association or when traveling to & from such matches or functions. I aIso authorise any Officers, Agents, | | | | | |
| Referees or Coaches of the said Association in the event of such an accident or illness to obtain any | | | | | |
| necessary medical assistance or treatment & for this purpose engage any Doctors, Nursing assistance or | | | | | |
| Hospital accommodation & in this event, I agree to pay all such Doctors, Nurses or Hospital fees & | | | | | |
| expenses other than fees & expenses recoverable under any policy of insurance. | | | | | |
| The SJSA carries extensive Public Liability Insurance. This policy DOES NOT cover MEDICAL | | | | | |
| TRANSPORT and ANCILLARY EXPENSES associated with sports injuries. Parents and Guardians are | | | | | |
| advised that Ambulance Subscription & Accident Insurance will offset costs not covered by the normal | | | | | |
| Medicare rebate. | | | | | |
| I have read & agree to the terms on the Indemnity Agreement & Consent to Medical Treatment. | | | | | **YES** |
| **REGISTRATION FEES:** | | | | | |
| Registration Fees are to be paid directly to your school or club. | | | | | |