



Central Football Player Registration Form

This form must be completed for all Clubs' new members and must be retained by the Club for the duration of the membership

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|--------------|---|
| Club Name: | School Name : (If also playing in High School Comp) |
| Club Number: | Federation ID Number: |

PLEASE PRINT CLEARLY – ALL SECTIONS TO BE COMPLETED

| | | | |
|--|--------------------------------|--------------------|--|
| Last Name: | | First Names: | |
| Gender: (Tick box) Male: <input type="checkbox"/> Female: <input type="checkbox"/> | | Date of Birth: / / | |
| Postal Address: | | | |
| Suburb: | | City/Town: | |
| Telephone (H): | Telephone (W): | Mobile No. | |
| Email Address: | | | |
| Ethnic Group: (Tick box) | | | |
| NZ European <input type="checkbox"/> | Maori <input type="checkbox"/> | | |
| Pacific Islander <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| Specify <input style="width: 100%;" type="text"/> | | | |

Player Declaration :

I am aware of the provisions of New Zealand Football Regulation 5 in regard to the Status of Players, which includes

- A player may only be registered for one Club at a time
- I am / am not (*please circle the applicable answer*) presently registered with another Club

I consent to the collection of this information by the stated club and Central Football for the purpose of a membership record and for them to retain, use and disclose the information as appropriate to National and Regional Administrations, SPARC, Funding Agencies and Sponsors. I acknowledge my right to the access and correction of this information. This consent is given in accordance with The Privacy Act 1993.

Signature of Player **Date**...../...../.....
 (or parent, guardian or care-giver if player is under 16 years of age)

Signature of Club Official **Print Name**..... **Date**...../...../.....

*******This form must be completed by the new player and handed to the Club contact of the player's new Club. It will not be accepted by Central Football from individual players.**

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