



**EMU PLAINS FOOTBALL CLUB INC.
NOMINATION FORM
WINTER FOOTBALL SEASON 2012**

Vision: To provide players with the opportunity to develop their skills, sportsmanship and have fun.

Mission: Create an environment that is safe supports individual growth and promotes soccer.

FFA #	First Name	Surname	D.O.B	Sex
				Male/Female (circle)
Address		Email Address		Contact Number
Age Group in 2012		Team Name		Parent/Guardian Name
Player is a Student	Yes/No (Circle)	Player is a worker	Yes/No (circle)	
ID Sited by	Passport Number	Drivers Licence Number	Birth Certificate Number	

DECLARATION BY A PLAYER:

1. Please enrol the above player of Emu Plains Football Club Inc. (Hereafter called EPFC) in accordance with the Club's Constitution and By-Laws.
2. I understand I am bound by the Constitution and by-Laws of EPFC and any resolution the Committee deems fit.
3. It is understood that EPFC cannot be held responsible for any medical expenses incurred as a result of participation in the activities of EPFC.
4. It is understood that EPFC cannot be held responsible for any fines incurred by the player or team as a result of participation in the activities of EPFC. The player or Team will pay all fines.
5. I agree to abide by the EPFC Team formation and grading Policy guidelines.
6. **INSURANCE:** Only players who register as workers will be entitled to claim for loss of wages.
7. **BBQ:** Players, Managers and Coaches are required to organize representatives from their teams for 2 rostered BBQ duties during the season. **THIS IS COMPULSORY DUTY.**
8. **IMAGE Permission:** By signing this registration form, you have no objection to the image of the player named above being recorded either by photo, film or video. In doing so, you give permission for EPFC, the association or state body to reproduce or use the image in promotional literature, web sites and/or film and TV. Names of minors will not be displayed against their images without prior consent of their parent/s or guardians.
9. **Medical Alert:** Does the player named above have any medical condition that you want to tell us about YES / NO

NDSFA Conditions

1. I have not had a registration accepted by any other soccer team, club or Association this year (Applies to Players only, Coach, Manager, Official excluded). If this statement is not correct, I understand that I must suspend my application for membership to the above club until such time as I have demonstrated my re-registration and clearance from team/club/association by providing written proof of my transfer/clearance/de-registration.
2. I am not under suspension by any Soccer club or Association
3. I am duly qualified to play for this team according to the rules of the Nepean District Soccer Football Association Inc. and I agree to abide by the rules and decisions of the N.D.S.F.A. Inc, Football NSW and FFA, including their Codes of Conduct.
4. There are no moneys or property owing by me to any Club or Sporting Association.
5. I understand that by making a false declaration on this registration form and being found guilty of same, that I may face suspension and/or expulsion from all Soccer activities, expose my club to monetary penalties and my team to loss of points.
6. I understand and accept that upon de-registration from any NDSFA Club a minimum non refundable administration fee of \$20.00 applies upon each cancellation of registration with NDSFA Inc, this fee may be greater if I have taken part in any matches.

Player/Player's Signature: _____ Date _____
(if under 18 to be signed by Parent/Guardian)