



CHURCHES FOOTBALL ASSOCIATION SYDNEY INC



PLAYER, COACH & MANAGER

NOMINATION / REGISTRATION FORM

2018 CFFA NATIONAL TITLES,

FULL NAME

ADDRESS

SUBURB..... POST CODE

EMAIL
(PLAYERS)

DATE OF BIRTH:CLUB CURRENTLY PLAYING FOR:.....

PLAYER POSITION ON FIELD:.....

MOBILE PHONEHOME PHONE.....
(PLAYERS) (PLAYERS)

WORKING WITH CHILDREN CHECK NUMBER:.....
(for coaches and managers only)

PARENTS/ GUARDIANS INFORMATION IF 18 OR UNDER:

PARENTS NAME.....

MOBILE PHONEHOME PHONE.....
(PARENT/GUARDIAN) (PARENT/GUARDIAN)

EMAIL
(PARENTS / GUARDIAN)

Nominating for:

Player Coach Manager

Team nominating for:

Under 14 Under 16 Under 18 Under 23/Youth

Senior Men's Under 16 Ladies Senior Ladies



I
(PLAYERS NAME)

I
(PARENT/ GUARDIANS NAME, IF 18 OR UNDER)

Agree to abide by the CFA Sydney Code of conduct and if selected for the Christian Football Federation Australia National Titles and will commit to participating in all activities required of me.

In accepting this nomination, I promise to abide by the CFA Sydney Code of Conduct and:

- a) Play by the rules and spirit of the game.
- b) Show respect to, and uphold the dignity of, fellow players, officials and spectators of the game.
- c) Accept refereeing decisions with grace and respect.
- d) Control my temper and aggression
- e) Not consume alcohol of any nature or smoke at the ground and its surrounding areas.
- f) Not use offensive, insulting or abusive language to any fellow player, official or spectator.
- g) Not use language that is blasphemous.
- h) Respect and uphold the Christian ethos of CFA Sydney .

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the **CFFA** and **Churches Football Sydney Inc** website, in newsletters and publications.

I further acknowledge that my image may be used by the **Christian Football Federation Australia** and **Churches Football Association Sydney Inc** Committee and media to promote CFFA National Titles in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time in writing to the Secretary at secretary@cfasydney.com.au

Consent to the use of photographs or video footage for use on the **Christian Football Federation Australia and Churches Football Association Sydney Inc website**, in newsletters and publications as well as for distribution to members.

Consent to the use of photographs or video footage being used to promote future National Titles events by the **Christian Football Federation Australia and Churches Football Association Sydney Inc** Committee and other media.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

- I authorise to receive such first aid and medical treatment as a trained first aid person may deem necessary.
- I authorise the use of calling an ambulance if it is deemed necessary.
- I accept responsibility for payment of all expenses associated with such treatment.

NOTE: THE COST OF THE TOURNAMENT WILL BE \$1600.00 PER PERSON, THIS INCLUDES UNIFORM, ACCOMODATION, FLIGHTS, BUS TRANSFERS, MEALS AND TOURNMENT FEES



Representative Players, Coaches & Managers Transfer requirements

Any player selected to play in a representative squad will endeavour to remain with the club that they were selected from for the following season. If there are issues preventing this from occurring the player will inform their club and give them adequate time to attempt to address these issues. If an arrangement can still not be reached then the player may leave the club to join another association team with written approval stating that the player does not owe any money or have an outstanding suspension to serve.

There should also be communication between the secretaries of the two clubs so that both are informed of the circumstances surrounding the switch.

Any coach or manager appointed to a representative team will make no attempt to recruit, encourage or persuade the players in their representative team to join their association club.

PLAYER, COACH OR MANAGER SIGNATURE

**PARENT / GUARDIAN SIGNATURE
(if player 18 or under)**

DATE:

FULL PLAYER NAME

EMERGENCY CONTACT DETAILS:

Emergency Contact 1 – Name:..... Relationship:

Phone:Mobile:

Emergency Contact 2 – Name:..... Relationship:

Phone:Mobile:

DIETARY RESTRICTIONS:

Are you on restricted diet ? Y /N

If yes, please provide details of foods you should NOT consume:



MEDICAL INFORMATION

Please list any medical conditions that you have that the Association needs to be aware of eg Asthma, diabetes, epilepsy, serious allergies, physical disability.

Any medication required by you at any time during the competition, must be given in to the Manager of the team in original packaging.

FULL PLAYER NAME

Medical Condition	Treatment or Care

Medicare Number:

ALL FORMS TO BE RETURNED TO:

Email: secretary@cfasydney.com.au or PO Box 509, Chester Hill NSW 2162



Payment options

Credit Card:

Player name: _____

Card Number

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Expiry Date

CCV

(this is the last three numbers found on the signature strip on the back of your credit card)

Amount being paid _____

Card holders name: _____ Signature: _____

Contact Phone: _____ Email: _____

Payment information: _____

**NOTE: A \$800 DEPOSIT WILL BE TAKEN ON SELECTION IN THE TEAM.
THE BALANCE WILL BE TAKEN ON 1ST SEPTEMBER 2018**

EFT- Payments may be made by EFT to the following account:

Account name: Churches Football Association Sydney Inc
BSB: 062 141 Account Number: 1040 8983

Please ensure your name is included in the Customer Reference details.

Cheques - can be made out to Churches Football Association Sydney and posted to

Churches Football Association Sydney
PO Box 509
Chester Hill NSW 2162

Cash – Can be given to a CFA Sydney official