



FOOTBALL QUEENSLAND

Football Queensland Ltd

Team Official Application for Registration

Club:

I hereby apply for Membership as a Team Coach Optus Small Sided Football Coach Team Manager Other

Surname: Given Names: Male / Female

Address: Suburb / Town: Postcode:

Email Address: Phone: (h) (mob)

Date of Birth: Country of Birth:

Accreditation Held Yes / No Licence/Certificate: Accreditation Number:

Positive Notice Blue Card held: Yes Registration Number: Expiry Date:

No Reason for Exemption:

I do not want my details passed onto other organisations for marketing purposes.

I have read, understood, acknowledged and agreed to all the matters referred to in the declaration, including the Consent to Disclosure – Privacy Act, Declaration and Warning Indemnity and Release.

Applicant's Signature: Print Name: Date:

Parent/Guardian Signature: Print Name: Date:
(if applicant has not attained the age of 18)

Witnessed by: Print Name: Date:
(Club President, Secretary, Registrar Only)

Original – Football Queensland Copy - Competition Administrator Copy – Club



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