

BELLBIRD PARK INDOOR CENTRE

Futsal Registration Form



Team Name	_____
Venue	_____
Date	_____
	tick
Mens	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
	Team Colours
Tops	_____ Shorts _____

TEAM CAPTAIN	
Name	_____
Address	_____
Phone	(M) _____ (W) _____
Email	_____
ALTERNATIVE CONTACT	
Name	_____
Address	_____
Phone	(M) _____ (W) _____
Email	_____

First Name	Surname	Postal Address	Suburb	Post Code	Phone (M)	Phone (W)	Signature

I have read the by laws of Bellbird Park Indoor Centre Futsal Competition and agree to the rules of the competition. Our team does not hold Bellbird Park Indoor Centre responsible for any injury, damages or loss of property belonging to any member of our team. We also acknowledge that our behaviour both on the court and off is to be fair and in a sportsman like manner and Bellbird Park Indoor Centre hold all rights to remove player or teams from the competition if it is decided by the disciplinary committee that the behaviour is of a serious nature that could harm the sport or harm others. By signing this form and playing in the competition i state that i have no pre-existing injuries, diseases or medical conditions that will be impacted or worsened by participating in the futsal competition; or have recieved medical clearance from a medical professional prior to participating in the competition. I understand and accept the tems and conditions of the competition.

Captains Signature _____

Date _____