



LISMORE THISTLES SOCCER CLUB INC.



Membership Application Form

I/We agree to be bound by the Constitution, FFA Member Protection Policy and all other Policies of the Lismore Thistles Soccer Club Incorporated. This includes our Codes of Conduct for players, parents, spectators, coaches and administrators (refer website).

PLAYER/S DETAILS

Surname	Given Name/s	Date of Birth	Player Grade

PARENTS/CARER

Parent 1		Parent 2	
Surname	Given Name/s	Surname	Given Name/s

CONTACT DETAILS (parent's details if player/s are under 18 years of age)

Address:		Postcode:
Email: (Important as this is our primary means of communication)		
Home Phone:	Mobile:	

PARENTS – WE NEED YOUR ASSISTANCE: Please add your occupation/trade/skills to assist us to formulate a data base of members who could assist us with improvements to our facilities and management of the club: _____

COACHING: I'm interested in a coaching position for: Grade _____ Name: _____

SPONSORSHIP: (to assist the club with funding of equipment and facilities) Yes No

I/We would like information about various forms of sponsorship (request clubs sponsorship package) Yes No

- Strip Sponsorship Fence Signage Golf Hole Greyhound Race Junior Trophies

CHILD PROTECTION: (a new Working with Children Check was introduced from 2013)

I/We give permission for an individual/ team photos for use as positive publicity or on the club web & Facebook sites. Yes No

I/We agree that the club officials are not responsible for any supervision for my child beyond training or game times.

I/We agree to adhere to the Club's Protection Policies. (refer to FFA Member Protection Policy for details)

TEAM PLACEMENT: I/We understand players registered to play for Lismore Thistles SC and not a particular team and will adhere to the club's Junior and Senior Grading Policies.

MEDICAL PERMISSION: In my/our absence, I/We authorise Lismore Thistles Soccer Club officials and team management to obtain medical assistance which may deem necessary should an accident occur, and agree to pay any medical expenses on behalf of the above player/member if such eventuality arises. I understand that the club will not be legally responsible for any injury incurred by the player while playing for the club.

Print Name: _____ **Signature:** _____ **Date:** ___/___/20__

Committee Use

Total Cost	Date Fees Paid	Amount Paid	Receipt No.	Still Owing	PAID IN FULL