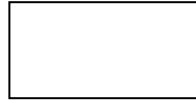




**Sunshine Coast
Churches Football Inc.**



TEMPORARY REGISTRATION CARD
[SUMMER SOCCER ONLY]

CLUB: **Sunshine Coast Churches Football**

TEAM: _____ **2015**

Category: Over 35s MEN WOMEN MIXED

(PRINT ▲ Family Name) (Other Names)

(D.O.B) (Occupation)

(Address) (Postcode)

(Phone) (Mobile)

It is strongly recommended that players seek professional health advice regarding their fitness or any medical condition they may have. Private medical insurance should be seriously considered before participating in any active sport.
The Association will not in any circumstances be liable for any loss, injury or damage, howsoever caused, to any player.

Player Signature: _____ Date: _____

Parent/Guardian if under 18: _____

Registration fee \$110 paid _____[SCCF]



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