



**DAINFERN COUNTRY CLUB FOOTBALL CLUB  
PLAYER REGISTRATION FORM**

**PLAYER INFORMATION:**

SURNAME:		FIRST NAME:				
TYPE OF DOCUMENT PROVIDED - S.A. ID / PASSPORT/ BIRTH CERT:		ID OR PASSPORT NO:				
DATE OF BIRTH:		GENDER:				
JERSEY SIZE:		SHORT SIZE:				
PHYSICAL ADDRESS OF PLAYER:						
CITY:		CODE:				
AGE GROUP REGISTERING FOR: (Mark with X)		Little League	Juniors	Seniors	Vets	Ladies
IF THE PLAYER IS A MINOR PLEASE PROVIDE THE FOLLOWING INFORMATION:						
SCHOOL:		GRADE:				

**CONTACT INFORMATION:**

<b>PLAYER'S CONTACT DETAILS (If Applicable)</b>					
HOME TEL:			WORK TEL:		
CELL NO.:			E-MAIL ADDRESS:		
EMERGENCY CONTACT NO.:			RELATION:		
<b>To be completed if player is a minor:</b>					
<b>FATHER'S DETAILS</b>			<b>MOTHER'S DETAILS</b>		
SURNAME:			SURNAME:		
FIRST NAME:			FIRST NAME:		
HOME NO.:			HOME NO.:		
WORK NO.:			WORK NO.:		
CELL NO.:			CELL NO.:		
E-MAIL ADD:			E-MAIL ADD:		
FATHER'S OCCUPATION:			MOTHER'S OCCUPATION:		
FATHER ABLE TO ASSIST WITH: (Mark with X)			MOTHER ABLE TO ASSIST WITH: (Mark with X)		
Coaching	Manager	Referee	Coaching	Manager	Referee
PHYSICAL ADDRESS (If different from Player):			PHYSICAL ADDRESS (If different from Player):		
CITY:			CITY:		
CODE:			CODE:		
<b>DOCTOR'S DETAILS:</b>					
NAME OF DOCTOR:			TEL NO:		
ALLERGIES (If Any):					
<b>For Office Use Only:</b>					
Fees Paid:	E-mail Captured:	SMS Captured:	Allergies Noted:		



**DAINFERN COUNTRY CLUB FOOTBALL CLUB  
PLAYER INDEMNITY FORM**

<b>PLAYER NAME &amp; SURNAME:</b>	
(In the event of the Player being a minor, the Parent or Guardian of the player is to complete the Indemnity Form.)	
I undertake to be bound by the Rules, Regulations & Bye-laws Dainfern Country Club FC and the Ruling bodies to which it may affiliate. I acknowledge responsibility for payment of any fines that may be levied against myself, my child or any other member of my family or friends, due to disciplinary action that may be held against me/us. I hereby also acknowledge that non-payment of any subscription fees and fines will result in suspension from DCCFC and the withholding of any transfers until such time that all outstanding amounts have been paid.	
I further acknowledge that I still have no claim of any nature whatsoever against Dainfern Country Club FC or any of its officials, coaches and managers as a result of injuries and/or illness and/or damages which I and/or my child and/or any other member of family or friends may sustain as result of:-	
<ol style="list-style-type: none"><li>1. Playing matches, friendlies, league/cup games or training at DCCFC or any other venue.</li><li>2. Travelling to or from matches whether they be at DCCFC or at any venue.</li><li>3. Use of the clubhouse, grounds and/or any of its facilities or use of any other venues facilities.</li><li>4. Any other reason whatsoever.</li></ol>	
In this I hereby indemnify Dainfern Country Club Football Club against any such claim.	
In the event of the Player being a minor, signed by Parent/Legal Guardian of the above-mentioned player.	
SIGNED BY	
NAME & SURNAME OF SIGNATORY	
SIGNATURE:	Date of Signature:

**PROXY FORM**

I _____, the undersigned, hereby grant proxy to the Team Manager/Coach to undertake any steps required in the event of the player mentioned below requiring urgent attention resulting from injury, until such time as I can be contacted / am able to take the necessary steps myself.	
<b>Player's Surname:</b>	
<b>Player's First Name:</b>	
Signed by Parent/Legal Guardian of the above-mentioned minor player:	
<b>Surname:</b>	
<b>First Names:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Relationship to Player:</b>	