

**Contact Details**

<b>Team Name</b>		<b># of players</b>	
<b>Address</b>			
<b>Home Phone</b>		<b>Mobile (essential)</b>	
<b>Email Address (essential)</b>			
I, _____ ( <i>print name</i> ), hereby <b>give permission</b> for City Sports Association Limited to use images or video featuring my child for illustrative, promotional and training purposes and for such images or video to be reproduced in print and/or electronic media associated with and authorised by City Sports Association Limited.			

**Competition/ Team Preferences**

**We are a (please circle):**      Girls Team      Boys Team      Mixed Team

**We are a (please circle):**      Complete Team      Need More Players

**Age (please circle):**      9yrs & under    11yrs & under    13yrs & under    14yrs +

**Venue (please circle):**    Mitchelton - Thursday

**We have played touch before (please circle):**      Yes      No

**Credit Card Payment**

Name on Card: \_\_\_\_\_

Number:      \_\_\_\_\_

Credit card type:    Visa      M\*Card

Credit card Expiry:    \_\_\_ / \_\_\_

Total amount:      \$ \_\_\_\_\_

Or pay via:      EFT      Cheque/Money Order      Cash (office)

## TEAM INFORMATION

PLAYERS FIRST NAME	PLAYERS SURNAME	D.O.B	M/F	PARENTS NAME	PARENTS CONTACT NUMBER	PARENTS EMAIL ADDRESS

I, \_\_\_\_\_ hereby nominate Team \_\_\_\_\_ to play in Season 2 2017 of City Kidz. I acknowledge the competition rules & procedures and accept all decisions made by City Kidz and its governing organization City Touch in relation to them. Further, by signing this agreement I (as the Guardian) am entering into a binding agreement for the entire length of the season and I am responsible for this nomination and the related fees payable for the season.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_



Please return forms to:  
 CITY KIDZ TOUCH FOOTBALL  
 Email: [juniors@citytouch.com.au](mailto:juniors@citytouch.com.au)

