



# TOOWOOMBA COMMUNITY FOOTBALL

## Player Registration Form

*please print or type*

SURNAME \_\_\_\_\_ FIRST NAME/S \_\_\_\_\_

TEAM NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

TELEPHONE No.(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### DISCLAIMER AND INDEMNITY

*(Note: By signing this form, your own and your next of kin's legal rights and entitlements could be affected and you should obtain your own independent legal advice before signing)*

I hereby consent to play under the jurisdiction and for Toowoomba Community Football ("TCF") as a registered player for the .....Team. I acknowledge and accept that my registration to play in TCF is conditional upon my acceptance of the following conditions (signified by my signature appearing hereunder):-

1. Football is a body contact sport from which injury, disablement or even death may occur. I play and train at my own risk and my executors and I hereby agree to fully indemnify TCF, its directors, management, staff, coaches, affiliates, members and clubs upon whose grounds matches or training may be played against any damages, losses or judgments they may incur as a result of my playing Football under the jurisdiction of TCF.

2. I acknowledge that I have been made aware and am aware that TCF and the Club do not have insurance cover protecting me against loss of earnings resulting from injuries nor a capital lump sum payment for permanent disablement or death. I declare that I have either obtained my own insurance cover to protect myself against all such eventualities, or I have elected not to insure myself and accept the risk of loss of earnings or loss of lump sum benefit for both myself, my family and my heirs and executors nominated in my Will.

3. I acknowledge that I have been made aware of and am aware that TCF and the Club do not have comprehensive insurance cover protecting me from all costs associated with injuries incurred while playing football with TCF.

4. I declare that I believe I am in proper physical condition to play Football and that TCF has recommended that I first obtain a medical checkup before commencing to play or train at the start of each season, or after suffering an injury or a lay-off period exceeding two weeks.

5. I accept the TCF code of conduct and agree to be disciplined by TCF should I breach that code of conduct. I acknowledge I have read and are aware of all TCF policies and codes.

\_\_\_\_\_  
*Signature of player*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Team Official*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

TCF MEMBER #