

Individual Registration Form



- New Please attach proof of birth - i.e Birth Certificate, Driver's Licence or Passport
 Revised

Players Name
Date of Birth
Address
State
Post Code
Home Phone
Mobile
Email

Queensland Vigoro Association
19 Marvin Street
EASTERN HEIGHTS QLD 4305
Phone - 0421 371 821
Fax - 07 3389 6919
Email: rachel_savage@optusnet.com.au
Website: www.qldvigoro.com.au

Would you like to receive newsletter, promotional information via e-mail? YES NO

Registration Details;

Date
Sub Association

Membership

- Junior Under 18 as at the 1st October
 Senior
 Veteran 38 as at commencement of state titles*
 Umpire Sub Association State All Australian
 Coach Accredited Non Accredited
 Life Member Sub Association State All Australian
 Other

Personal Qualifications

- Blue Card for Child Related Employment Registration Number Expiry Date
 First Aide Certificate Expiry Date
 Other Qualifications

Photography Permission (Junior Players);

I / We do not give give permission for my son / daughter to be photographed in team photo's and action photo's at club fixtures, representative games, State Titles and National Titles.

I / We do not give give for these photographs / names to be published in newspaper, newsletters, promotional material and the internet.

Signed Parent / Guardian Date

Signed Player Date