



# ISSA Inc. Players and Officials Registration Form



SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ P/CODE: \_\_\_\_\_

PHONE: Hm ( ) \_\_\_\_\_ Wk ( ) \_\_\_\_\_ Mbl \_\_\_\_\_

EMAIL: \_\_\_\_\_

SEX: Male / Female  
*Please Circle*

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Tick One Only*

I wish to nominate to play: Under 12

Under 14

Under 16

I prefer to play the following positions (*Please Circle Preferences*):

**GS      GA      WA      C      WD      GD      GK**

I currently play for \_\_\_\_\_ (*Your Centre*)

## DECLARATION

**I attest that the above information is true and correct at the time of signing.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I the parent/guardian give permission for the above named person to trial and travel with the SA Crowns Junior Development Squad. I understand that the player/s will meet the associated costs for this tournament.