



SWAN HILL SOCCER LEAGUE

FUTSAL Registration Form

Email: shsoccer3585@gmail.com

Facebook: [Swan Hill Soccer League](#)

PLEASE USE CAPITAL LETTER, PRINT CLEARLY & ONLY USE BLACK OR BLUE PEN

First Name: _____ Surname: _____

Date of Birth: _____ (Please circle) Male / Female

Address: _____

State: _____ Post Code: _____

Email: _____

Emergency Contact:

First Name: _____ Mobile: _____

Medical Information:

Please list any illnesses, injuries and known allergies:

Parent/Guardian to sign if player is Under 18 years of age:

Player Name: _____ Signed: _____

Parent/Guardian Name: _____ Signed: _____

Please circle one of the following below to assist:

Volunteer Set up Pack up Referee Team Manager Score Canteen

OFFICE USE ONLY:

Date: _____ Payment method: _____ Amount: _____

Division Registering for: Junior Futsal