

Geraldton Rovers Soccer Club  
5 aside Night Series



Player Registration Form

**Team Name:**

\_\_\_\_\_

**Parent/Guardian if Under 18 years**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Title**

Mr  Mrs  Miss  Ms

**Name**

First: \_\_\_\_\_

Surname: \_\_\_\_\_

**Date of Birth (DD/MM/YEAR)**

\_\_\_\_\_

**Gender**

Male  Female

**Phone Number**

\_\_\_\_\_

**Signing**

In signing this form, I agree to abide by all rules associated with the Geraldton Rovers Soccer Club 5 aside competition.

**I understand that I play at my own risk.**

**Signature of player**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Guardian (for players U18)**

\_\_\_\_\_

**Date:** \_\_\_\_\_