

# North Eastern Football Union Inc.

## Under Age Registration Form

\_\_\_\_\_ Football Club                      Season : 20\_\_\_\_\_

Age Group \_\_\_\_\_                      Date of Birth \_\_\_\_\_

Family Name \_\_\_\_\_                      Given Names \_\_\_\_\_

I, (the above person) wish to apply to the N.E.F.U. for registration. I forward this application with proof of age, if applicable.

### Parental Consent

I, \_\_\_\_\_ the parent/guardian of the above applicant exonerate the N.E.F.U. and affiliates clubs from any medical or other expenses incurred while the applicant is playing or training with the above Club.

I agree the applicant and myself will make no claim or take legal action against the N.E.F.U., its officials or affiliated clubs with respect thereto.

I agree the applicant and myself will abide by the rules and code of conduct of the N.E.F.U., and we will make ourselves familiar with said rules.

Parent/guardian signature \_\_\_\_\_                      Date \_\_\_\_\_

Player's signature \_\_\_\_\_                      Date \_\_\_\_\_

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Club to retain bottom half of form

### Code of Conduct

As a player I, \_\_\_\_\_ shall :

- Respect official decisions,
- Condemn the use of violence, in any form,
- Demonstrate appropriate behaviour towards players, officials and spectators by not using abusive or offensive language,
- Play by the rules all the time,
- Respect other culture and beliefs,
- Be a good sport and remember that I am an ambassador of the N.E.F.U.

Player's signature \_\_\_\_\_                      Date \_\_\_\_\_

Contact Name (in case of emergency) \_\_\_\_\_

Address \_\_\_\_\_                      Telephone Number \_\_\_\_\_

Medical Information \_\_\_\_\_

Private Health Insurance \_\_\_\_\_                      Family Doctor \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_                      Date \_\_\_\_\_