



**AZZURRI SPORTS CLUB INCORPORATED**  
**ADELAIDE BLUE EAGLES**

**2021 REGISTRATION FORM**

**PLAYERS FIRST NAME:** \_\_\_\_\_

**PLAYERS SURNAME:** \_\_\_\_\_

**PLAYERS DATE OF BIRTH:** \_\_\_\_\_

**PLAYERS MOBILE NUMBER:** \_\_\_\_\_ (Under 17 Up)

**PLAYERS EMAIL ADDRESS:** \_\_\_\_\_ (Under 17 Up)

**TEAM/AGE GROUP PLAYED FOR IN 2020:** \_\_\_\_\_

**TEAM/AGE TRIALING/REGISTERING FOR 2021:** \_\_\_\_\_

**MOTHERS NAME:** \_\_\_\_\_

**MOTHERS MOBILE NUMBER:** \_\_\_\_\_

**MOTHERS EMAIL ADDRESS:** \_\_\_\_\_

**FATHERS NAME:** \_\_\_\_\_

**FATHERS MOBILE NUMBER:** \_\_\_\_\_

**FATHERS EMAIL ADDRESS:** \_\_\_\_\_

PLEASE CIRCLE WHICH IS **PRIMARY CONTACT:** \_\_\_\_\_ MOTHER / FATHER / BOTH\* \_\_\_\_\_

\*If parents live apart, or neither of the email addresses are checked regularly this must be circled

**MEDICAL CONDITIONS/HEALTH WARNINGS (E.G. ASTHMA, ALLERGIES ETC) PLEASE NOTE BELOW:**

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