



AZZURRI SPORTS CLUB INCORPORATED
ADELAIDE BLUE EAGLES

CLUB REGISTRATION FORM

PLAYERS FIRST NAME: _____

PLAYERS SURNAME: _____

PLAYERS DATE OF BIRTH: _____

PLAYERS MOBILE NUMBER: _____ (Under 17 Up Only)

PLAYERS EMAIL ADDRESS: _____ (Under 17 Up Only)

TEAM/AGE GROUP/CLUB PLAYED FOR LAST SEASON: _____

TEAM/AGE TRIALING/REGISTERING FOR THIS SEASON: _____

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:
