



FORM CI REGISTRATION FORM – INDIVIDUALS

SURNAME: CHRISTIAN NAMES:
(Print BLOCK letters) (Print BLOCK letters)

ADDRESS:

POST CODE..... DATE OF BIRTH:

CLUB: TEAM:

Recent Player History

Are you a NSWCFA qualified Associate Referee: YES / NO *..if YES, please attach affiliation form*

Previous Club: Team: YEAR:

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CURRENT ID CARD NO.: **CARD EXPIRY:** 31/12/ _ _

Spectacle Warrant issued: NO / YES Warrant Exp. Date: _ _/ _ _/ _ _

PLAYER CODE OF CONDUCT AND DECLARATION

I agree to abide by the NSWCFA Code of Conduct and promise to:

1. Play by the rules and spirit of the game.
2. Show respect to and uphold the dignity of fellow players, officials and spectators of the game.
3. Accept refereeing decisions with grace and humility.

4. Control my temper and aggression
5. Not consume alcohol of any nature at the ground and its surrounding areas.
6. Not use foul, abusive or offensive language to any fellow player, official or spectator.
7. Not use language that is Blasphemous.
8. Respect and uphold the Christian ethos of NSWCFA.

PLAYER NAME

PARENT/Guardian (If under 18)

PLAYER SIGNATURE

PARENT/Guardian (If under 18)

OFFICE USE ONLY

Re-Issued Card No.

Form CI Date..... Reg No.....

All Correspondence to:

Secretary, PO Box 509. Chester Hill, NSW 2162 3/9 Chester Hill Rd, Chester Hill, NSW 2162

Phone: (02) 9645 6100 - 6101 Fax: (02) 9645 6102 Email: nswcfa@ihug.com.au www.nswcfa.com.au