



# JUST FUTSAL CLINIC TEAM REGISTRATION

PLEASE COMPLETE THE FOLLOWING REGISTRATION

**TEAM MANAGER NAME:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**SECOND CONTACT NAME:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**TEAM AGE & KIT COLOURS:** \_\_\_\_\_

(TEAM MUST WEAR SAME COLOURED SHIRT, SHORTS & SOCKS)

For more Information contact [Management@justfutsalclinic.com](mailto:Management@justfutsalclinic.com) – 0421 221 153

**TERMS & CONDITIONS: Liability Waiver:** I understand that participation in the Just Futsal Clinics, Premier Futsal League (PFL) includes risk of injury that may range in severity from minor to disabling. Although serious injuries are not common, it is impossible to eliminate the risk. I/we understand that my participation in PFL is voluntary and that I/we are free to choose not to participate. I/we consent to participation in the PFL. I understand that PFL, their employees, officers and agents will not be liable for personal injuries and/or property damage as a result of my participation in such activities. It is the responsibility of the Team Manager to make all players/players families, aware of all terms and conditions. The Team Manager will sign on behalf of whole team.

**PHOTOGRAPHY/ VIDEO RELEASE** I hereby give permission to Just Futsal Clinic (PFL) to photograph and/ or videotape all aspects of games. The sole purpose of these photos and/or videos is for advertising, publication and exhibition of services offered by Just Futsal Clinic (PFL).

**NOTE: IN THE CASE OF SEVERE WEATHER, SOME GAMES MAY BE CANCELLED**

## **PLAYERS CANNOT PLAY UNLESS NAME PRINTED BELOW**

**EACH PLAYER MUST BE REGISTERED WITH FAF TO PLAY. IF CAUGHT PLAYING WITHOUT BEING REGISTERED, GAME WILL BE FORFEITED**

TO ACCEPT  
T & Cs  
TICK BOX &  
PRINT NAME

<input type="checkbox"/>	<b>PRINT NAME:</b> _____
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<input type="checkbox"/>	<b>PRINT NAME:</b> _____

**TEAM MANAGER NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_