



Noarlunga United Soccer Club

Wilfred Taylor Reserve

Sports Park Drive

Morphett Vale

SA 5162

Tel / Fax: (08) 8326 2855

Email- sara.steve@hotmail.com

TEAM NAME	SHIRT COLOUR	TEAM CAPTAIN

Team Members:	Contact Number:	Emergency Contact Name and Phone Number

Declaration:

In signing this form, I/we understand that:

- I/we participate at Wilfred Taylor Reserve at my/our own risk;
- I/we take full responsibility for personal injuries that may arise directly or indirectly from my/our participation and indemnify Noarlunga United Soccer Club and volunteers against any legal action;
- I/we take full responsibility for personal property.
- I, on behalf of my team, understand and accept the rules of competition and any consequences that may be incurred for failure to comply with these rules.

Captain's Signature _____ Date _____