

NEW PLAYER REGISTRATION FORM (FORM 1)



USE ONLY FOR THOSE PLAYERS WHO ARE **NEW** REGISTRATIONS TO THE SPORT

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK CAPITALS

CLUB YOU ARE JOINING: _____

FAMILY NAME: _____

GIVEN NAME/S: _____

STREET ADDRESS: _____

TOWN/CITY: _____ POSTCODE: _____

CONTACT PHONE NOS: _____

EMAIL ADDRESS: _____

YEAR OF BIRTH: _____ Female Male Under 21

I AGREE TO ABIDE BY THE ASSOCIATION'S CODE OF CONDUCT

Player / Guardian Signature: _____ Date: ___/___/___

CLUB SECRETARY TO COMPLETE:

Capitation fee paid \$ _____ Payment Method:
either **Electronic Funds Transfer** (EFT) to CAQ's bank account

or **CHEQUE ENCLOSED: YES/NO** Cheque NO.: _____

CLUB SECRETARY'S SIGNATURE

_____ Date: ___/___/___

CLUB SECRETARY TO NOTE

- Retain a photocopy for your club files.
- Keep emergency contact details for this player at your club.
- CAQ will not provide personal information to other sources, except for statistical purposes.

OCCUPATION (Optional)

(If retired please state previous occupation)

DISCIPLINE PLAYED with current Handicap, if available (please tick)

- Association Croquet
- Gateball
- Golf Croquet
- Ricochet

CAQ OFFICE USE ONLY

Date Money Received	
Amount Received	
Date Form Received	
CAQ Treasurer	
Date Forwarded	

CAQ REGISTRATION OFFICER NOTES

ACA ID Number

Player to Archives

Card Posted Date _____