

# SECOND CLUB PLAYER REGISTRATION FORM (FORM 5)



USE ONLY FOR THOSE PLAYERS WHO WISH TO REGISTER WITH TWO CLUBS OR MORE IN QUEENSLAND

**PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK CAPITALS**

**NAME OF ADDITIONAL CLUB:** \_\_\_\_\_

**NAME OF PRIMARY CLUB:** \_\_\_\_\_ **ACA ID No.** \_\_\_\_\_

Are you currently a financial CAQ Player? Yes  No

FAMILY NAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

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:**

No additional CAQ fee required.

**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)

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**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

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Player to Archives

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Card Posted  Date \_\_\_\_\_