



**Western Australian Powerchair Football Association Inc
Membership/Player/Participant/Volunteer Registration Form
2017**

YOUR DETAILS

Name DOB

Email

Home address

Suburb Post Code

Home Phone Mobile

(Please tick)

- \$25 Associate Member \$50 Junior Playing Member (under 18) \$100 Playing Member
 Participant Casual Playing Member (\$10/round)* Volunteer

METHOD OF PAYMENT

(Please tick)

- Cash Cheque Direct Deposit

Account Name: WESTERN AUSTRALIAN POWERCHAIR FOOTBALL ASSOCIATION INC

BSB: 086-146

Account Number: 41-540-0559

If a player/participant is under 18 years of age or unable to sign a parent/guardian must sign the form

PARENT/GUARDIAN DETAILS

Name

Home Phone Mobile

INDEMNITY DECLARATION

I release Western Australian Powerchair Football Association Inc from liability for any accident, illness or injury sustained and request that medical attention be taken at my cost.

By signing this form, the player/participant/volunteer/parent/guardian agrees with the terms of registration.

Signature Date