



Kapiti Coast United SENIOR Player Registration Form 2010

PLEASE PRINT CLEARLY

Last Name:		First Names:	
Gender: (Tick box) Male <input type="checkbox"/> Female: <input type="checkbox"/>		Date of Birth : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Postal Address:			
Telephone (h):	Telephone (w):	Mobile No:	
Email Address:			
Are you currently registered with KCU? YES/NO		<u>Emergency Contact</u>	
If no, which club are you registered with? _____		Name:	
		Phone No:	
What team, if any, do you have a preference of playing with? Choice's are Wellington Divisions (Competitive) or Kapiti Horowhenua (Comp/ Social)		KCU is run on a voluntary basis. Please indicate below where you can assist your club: (Tick all that apply)	
		Coach <input type="checkbox"/>	Snr Committee Member <input type="checkbox"/>
		Team Manager <input type="checkbox"/>	Club/Team Sponsor <input type="checkbox"/>
		Referee <input type="checkbox"/>	Other (please specify):

Pursuant to the Privacy Act 1993, the following is brought to your attention. This form collects personal information about you in order to assist with the administration and promotion of the game of soccer. The intended recipients of this information are Kapiti Coast United Soccer Club and the soccer playing organisations which are collecting, and will hold, this information. You have the rights of access to and correction of the information on this form.

I agree to the following by signing below

- *My personal information may be used and disclosed by Kapiti Coast United and such soccer playing organisations connected with the administration and promotion of the game of soccer.*
- *I will abide by the New Zealand Football Code of Conduct.*
- *I will be personally responsible to reimburse the club for any fines incurred against me while playing for the club.*
- *Kapiti Coast United reserve the right to pursue the recovery of any outstanding amounts owing to them including recovery costs by employing a debt collection agency.*

Signature: _____

Print Name: _____

Date: _____

Thank you for joining Kapiti Coast United for 2010, we are looking forward to a great season.

Office Use Only	
Club Nbr:	Capital Soccer Number: