

Player Registration



Player details

First Name: _____

Surname: _____

Address: _____

State: _____ Post Code: _____

Mobile: _____

Telephone: _____

DOB: / /

Email: _____

Emergency contact details

Name: _____

Relationship: _____

Mobile/Telephone: _____

I hereby agree to conduct myself in accordance with the Surf Coast Badminton Association Inc. constitution and rules and will comply with the states fair play code of conduct.

Signed: _____

Date: / /

Office Use

Member No.

Member type: Senior (\$40) Under 19 (\$30)

Financial member

Secondary Registration

(No payment required on evidence of BV membership)

Payment collected by: _____

Date: / /