

# NEW PLAYER REGISTRATION FORM

**PLEASE  
PRINT  
CLEARLY**

**ALL details below are required for CDVA Player Registration including Player Accident Insurance.**  
Player details must be entered on the night that a player first plays with a team to avoid any penalty.

	Team Name	First Name	Surname	e-mail address		
1	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		Eng Contact A/H Phone

	Team Name	First Name	Surname	e-mail		
2	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone

	Team Name	First Name	Surname	e-mail		
3	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone

	Team Name	First Name	Surname	e-mail		
4	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone

	Team Name	First Name	Surname	e-mail		
5	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone

	Team Name	First Name	Surname	e-mail		
6	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone

	Team Name	First Name	Surname	e-mail		
7	Address		Suburb	Post Code	Sex M / F	Date of Birth / /
	Home Phone	Business Phone	Mobile Phone	Emergency Contact Name		A/H Phone