



# 2020 FUTSAL SEASON – GOLD COAST MEMBERSHIP REGISTRATION FORM

**PLAYER DETAILS:** \_\_\_\_\_  
*First Name* *Surname*

**DATE OF BIRTH:** \_\_\_\_\_ **BFA NUMBER:** \_\_\_\_\_

**MEDICAL CONDITIONS: YES / NO**  
*If yes, please provide details:* \_\_\_\_\_

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**PARENT DETAILS:**

Mother's Name	Mobile Number	Email Address
Father's Name	Mobile Number	Email Address

**HOME ADDRESS DETAILS:**

Street Name \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**MEMBERSHIP SELECTION** (Please select from the options below)

MEMBERSHIP	TERM START DATE	TERM END DATE
<input type="checkbox"/> \$440 [PLATINUM MEMBERSHIP]	___ / ___ / ___	___ / ___ / ___
<input type="checkbox"/> \$250 [GOLD MEMBERSHIP]	___ / ___ / ___	___ / ___ / ___
<input type="checkbox"/> \$300 [ACADEMY MEMBERSHIP]	___ / ___ / ___	___ / ___ / ___

Payment must be made via direct transfer into the following bank account:  
 Account Name: **Brazilian Football Academy** Bank: **St George** BSB: **112-879** Account No. **476415615**  
Ensure that you include your child's name in the reference for the transfer.  
**PLEASE COMPLETE PAYMENT TRANSFER AT THE TIME OF REGISTRATION AND ATTACH TRANSACTION RECEIPT WITH YOUR COMPLETED FORM.**

I am aware of my child participating in this football program. I acknowledge that risk of injury is inherent in sports such as football and that from time to time, there may be accidents and falls which may cause serious injury to the participant. I indemnify Gabriel Gomes in person and The Brazilian Football Academy against any claim for damages against them as a result of any injury to my child. I certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any pre-existing medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. The Brazilian Football Academy may use images taken from the BFA Academy Events on the BFA Website. If you do not want your child included in marketing images, please advise the coaching director directly that you do not permit the use of these images.

Signature of Parent/Guardian..... Date.....

**Note: An additional registration form will also be required to be completed for each child from the competition organisation for registration and insurance purposes. This will be provided by the BFA upon receipt of the BFA Registration form.**

*Gabriel Gomes is committed to child safety and holds a current Working with Children Check No. WWC0269286E*