



Sports House,
150 Caxton Street,
Milton Qld 4064

Ph: (07) 3876 5576
Fax: (07) 3876 5513
Email: info@croquetqld.org
Web: www.croquetqld.org

Gateball

Player / Member Registration Details Form

Club(s): _____

Doubles Name: _____

Please Tick the applicable Event:

State Doubles Championship



Inter Regional Championship



ACA Identification Number	Member's Full Name	Membership Financial Yes / No	ACA Qualified Referee Yes / No	Referee Accreditation Number [RAN not in use currently]

The requirement for the details on the top part of this form to be completed are for insurance purposes and correct membership registration details

The Player Registration Card is to be **presented by the individual player at time of registration** to the Venue Manager to confirm their currency of membership.

Next of Kin Details Form (in case of emergency)

Player Name	Name of Next of Kin	Relationship	Home Phone	Mobile Number

By including your details on this form you give consent in the case of an emergency that your next of kin is contacted.

The requirement for for the details on this part of the form to be completed are for medical emergency purposes.

One Form Per Double Team Entered in the Event

This form is to be completed and emailed to the Gateball Director by Friday 1st September, 2017.

No double team shall be allowed to participate unless this form is completed.