

# Auburn Youth Soccer Tournament

6 on 6 soccer tournament for 12-15, 16-18 & 19 - 24yrs

10 & 11 April 2012

9:30 - 3:00pm

Wyatt Park, Auburn

Only 5 mins walk from Lidcombe Train Station

All fully completed and returned forms will go in the draw to win a brand new football.

For more information or return of the form, contact reception @ Auburn Diversity Services or Michael on (02) 9649 6955  
Mobile: 0404 868 650

## ORGANISERS:



**ACTIVITY:** Auburn Youth Soccer Tournament

**DATE:** 10<sup>th</sup> & 11<sup>th</sup> April 2012

**TIME:** 9:30AM – 3:00PM

**VENUE:** Wyatt Park, Auburn

**AGE GROUPS:** 12 – 15, 16-18 & 19-24yrs

**For more information and return of the form, contact reception @ Auburn Diversity Services or Michael on 9649 6955 or 0404 868 650, 17 Macquarie Rd, Auburn, 2144**

**Parent/Guardian to complete the section below by providing required information. Please note that all information provided is kept confidential and will not be given to others without your consent, unless in an emergency.**

|   |                      |
|---|----------------------|
| Full Name:                                  |                      |
| Street Address:                             | Suburb:              |
| Post Code:                                  | Date of Birth:       |
| Home Phone Number:                          | Mobile               |
| Email:                                      | Cultural Background: |
| Date of Arrival to Australia:               | Visa sub-class:      |
| Name of team registered for the tournament: | School:              |

Do you play soccer with a club?  Yes  No

If so, what club do you play with?

Do you wish to be contacted about future events?  Yes  No

**Refreshment: Please tick as required:**

Halal  Vegetarian  Other dietary requirement

**Emergency treatment:** I agree to the worker (s) in charge of the activity taking my child to a doctor or hospital for medical help. The doctor may give whatever medical or surgical treatment he or she believes is necessary.

Name of emergency person contact:

Phone number of emergency contact:

Medicare number:

**Photographs:** Organisations involved in the event often takes photographs of young people during activities to use in the promotion of our programs, publications and in the media. Please tick from below what best suits you.

I do  I do not

Give permission for photographs featuring my child to be used for these purposes.

As a parent or guardian, I give permission for my son/daughter to attend the above activity and release the Auburn Diversity Services Inc and its affiliates, event organizers/volunteers and agents from any liability thereof.

Parent / Guardian Name: \_\_\_\_\_ (Please print)

Parent's / Guardian's Signature: \_\_\_\_\_