



SPORTS
WITHOUT BORDERS
we're all on the same team

MELBOURNE COMMUNITY SPORTS CARNIVAL TEAM REGISTRATION FORM

TEAM COACH/MANAGER: _____

NUMBER: _____ E-MAIL: _____

SIGNED: _____ DATE: _____

PLEASE CIRCLE THE COMPETITION YOU WOULD LIKE TO ENTER

GIRLS Grade 4 - 5 - 6

BOYS Grade 4 - 5 - 6

GIRLS Year 7 - 8 - 9

BOYS Year 7 - 8 - 9

TEAM NAME: _____

1. **PLAYER:** _____ **Parent/Guardian signature:** _____

2. **PLAYER:** _____ **Parent/Guardian signature:** _____

3. **PLAYER:** _____ **Parent/Guardian signature:** _____

4. **PLAYER:** _____ **Parent/Guardian signature:** _____

5. **PLAYER:** _____ **Parent/Guardian signature:** _____

6. **PLAYER:** _____ **Parent/Guardian signature:** _____

7. **PLAYER:** _____ **Parent/Guardian signature:** _____

8. **PLAYER:** _____ **Parent/Guardian signature:** _____

By signing this form you give permission for a minor to participate in the Melbourne Community Sports Carnival soccer tournament and to be filmed and photographed for the purpose of promotional materials, media reports and other publications.

Please send the completed form to: info@sportswithoutborders.org or
contact Cristiano for more details 1300-765-762