



2010 APPLICATION FOR REGISTRATION OF PROFESSIONAL PLAYER

Prescribed Form NRR04

FFA REGISTRATION NUMBER

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1. Have you registered with FFA previously? Yes No

If Yes, please write your FFA Registration Number at the top right of the form.
If No, please see your club registrar to obtain a quadruplicate version of this form for completion.

PLAYER DETAILS

2. Title Mr Mrs Miss Ms Dr Prof

3. First name

Middle name

Last name

4. Date of birth / /

5. Gender Male Female

6. Street/Mailing address

Suburb

State Post code

7. Country of birth

8. Nationality

For nationalities other than Australian or New Zealand, proof of visa and personal information from passport must be attached to this Form.

9. Are you aboriginal or Torres Strait Islander? Yes No

10. If you have a disability please specify Physical Intellectual Sensory

State disability

11. Player contact phone/email (please provide at least one phone number)

(hm) (wk)

(mobile)

(email)

12. Emergency contact

(name)

(phone)

(mobile)

REGISTRATION DETAILS

13. Name of Club

14. Registering to play Outdoor Beach
 Futsal half season Futsal full season

15. Previous national association

(If the previous national association was based overseas, FFA must obtain an International Transfer Certificate)

16. Previous Club

17. Are you currently under suspension? Yes No

If so, how many matches/weeks remaining

Name of football organisation which issued the suspension?

CONTRACT

18. Is this your first professional contract? Yes No

If so, Training Compensation may be payable by the Club in accordance with FFA Statutes.

19. If no, what was the expiry date of your previous contract? / /

If this is a loan or a transfer, an original, completed and signed Prescribed Form NRR06 (Application for Transfer or Loan of Professional) must be attached.

20. Current Contract Start Date / /

21. Current Contract End Date / /

PARENT DETAILS (to be completed if player is under the age of 18 years)

22. Parent/legal guardian

Title Mr Mrs Miss Ms Dr Prof

First name

Last name

Gender Male Female

Contact phone/email (please provide at least one phone number)

(hm) (wk)

(mobile)

(primary email)

(secondary email)

SCHOOL DETAILS

23. Are you a student? Yes No

24. If under 18 years of age and at school, please provide name of school

25. Do you play for the school team? Yes No

FEES (club to provide breakdown of fees)

26. Total fee payable \$ Insurance Levy paid \$

Total amount paid \$

27. Method of payment Cash Cheque
 Credit Card Money Order

SIGNING

The Club and the Player as listed above apply to Football Federation Australia Limited to register the Player with that Club as a PROFESSIONAL PLAYER.

By signing this Form, you warrant that the information provided is true and correct.

/ /

(Signature of Player or Parent/Legal Guardian) (Date)

By signing this form, the Club warrants that it has confirmed the Player's name and identity.

(Name of Club Representative) (Signature of Club Representative)

/ /

(Position of Club Representative) (Date)

Club and player must attach originals of the following documents:

- Original signed Professional Player Contract
- Certified copy of birth certificate and/or passport
- If an ITC is required, a certified copy of the visa/work permit

The personal information that FFA collects on this Form is used and disclosed for the purposes as specified in the Privacy Policy, including processing registrations, staging competitions and providing football related information and offers. A copy of the Privacy Policy is available at www.footballaustralia.com.au

If the Player does not want to receive special offers from Football Administrator partners, please tick the box below:

I do NOT want to receive special offers from Football Administrators partners

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED: / /	ENTERED BY:
REGISTRATION NO.:	REGISTRATION EFFECTIVE FROM: / /