TOUCH AUSTRALIA
MEMBER REGISTRATION FORM

Please write in PRINTED CAPITAL LETTERS and return this form to your affiliate for processing

Registration Type (You may choose more than one):

O Player O Referee O Coach O Selector O Official

Member Number (If known)

Affiliate Name:

Affiliate ID:

Season: O 1 O 2

Season: 200

Team name:

Grade:

Division: O Men O Women O Mixed O Junior O Masters

Personal Details:

Surname:

Firstname:

Middle name:

Email:

Date of Birth: / / **Gender: O Male O Female**

dd mm yyyy

Address:

Suburb/Town:

State: **Post Code:**

Phone: (H) **P:(W)**

Phone: (M) **Fax:**

Do You believe you identify yourself as the following (for Gov't funding purposes only)?: **O Indigenous Australia O Disabled O N.E.S.B.**

Occupation: O Clerical O Professional O Sales O Student O Unemployed O Other

PRIVACY STATEMENT

Touch Football Australia ("TFA") is committed to the protection of your personal information. Any personal information you provide to TFA will be used for the following purposes and related purposes which can be reasonably expected:

Membership administration and playing statistics; and communicating commercial information

Please tick the box on the right if you do not wish for your personal information to be used in respect of that purpose. ☐

TFA will not disclose any personally identifiable information obtained from you to other parties or for purposes other than those stated above, unless you provide your written consent to us, with the following exceptions:

Where there are grounds to believe that disclosure is required in order to prevent a threat to health or life; where TFA suspects that unlawful activity is or has been engaged in, such personal information maybe used to investigate the suspected unlawful activity; or the use is authorised bylaw or reasonably necessary to enforce the law.

Information that you provide through various means will be kept safe and secure within TFA. At anytime, you may also notify us if you do not wish to receive marketing materials or other communications from TFA. Please put this request in writing and send to the address below. Should your contact details or address change, please inform us.

If you have any queries or concerns about your personal information which TFA maintains, please send the details of your query or concern in writing to TFA. Thank you for taking the time to read this important statement. (P.O. Box 9078, Deakin, A.C.T. 2600)

In signing this form I agree to comply with the rules, regulations and by-laws of the Touch Football Australia Incorporated, my State/Territory Association and my Affiliate and agree to be covered by the Sports Personal Accident Insurance Policy as arranged by Touch Football Australia through SportsCover Australia P/L T/A Sportscover.
Policy detailsare available from your affiliate bodies.

Parent / Guardian Signature

If you are under the age of 18 years, your parent or guardian must sign and date this form.

Participant Signature

Date: / /