

SIX-A-SIDE



This is fun, social soccer
- no injuries
- no disputes
- just loads of fun !!!

SUMMER SOCIAL SOCCER

ALL enquiries to:

Janelle Adrain

3822 9017

0400 017 797

janelle@mooroondufc.org.au

WHEN: FRIDAY nights: 15 Oct—17 Dec 2010 (10 weeks) First games: 6:30pm
goal-posts and nets will need to be set-up and packed away each night – we need you to help!

WHERE: Mooroondu Football Club, William Taylor Sportsground, Thorneside

COST: Children (13 and under): \$50 per player
Adults (14 and over): \$75 per player

Limit of \$150 per family

PLUS \$10 membership per family for non-members

If a member of your family plays football, cricket or netball at Mooroondu, then you are a member !

WHO: EVERYONE !! Members + Non-members
2010 Registered players + Non-registered players
Adults + Children Males + Females (mixed competition)
Never played before – doesn't matter!

Proposed age groupings (final groupings to be determined based on registrations):

U6 – U7 born 2003, 2004, 2005

U8 – U9 – U10 born 2000, 2001, or 2002

U11 – U12 – U13 born 1997, 1998 or 1999

U14+ (includes adults) born 1996 or earlier: **NO REFEREES PROVIDED**

RULES: U8 and up: Modified rules; Smaller field size; similar to U10 SSF Rules
U6 – U7 competition will be played 4-a-side using SSF rules

These fixtures are not sanctioned by Football Brisbane. Existing registered players WILL NOT be covered by insurance.
All players / parents must sign the disclaimer on the nomination form.

Nominations are invited from:

Teams: Recommend 8-9 players per team (6 for U6 and U7)

Individuals: ... We will place you in a team if we can, but why not get some friends together !

NOMINATIONS CLOSE: Saturday 9 October 2010



SIX-A-SIDE SUMMER SOCIAL SOCCER 2010

William Taylor Sports Grounds, Mooroondu Road, Thorneside

NOMINATIONS CLOSE: Saturday 9 October 2010

TEAM NOMINATION

ALL paperwork and payment for teams to be returned together

Send to: Janelle Adrain, Mooroondu Football Club
PO Box 5561, Alexandra Hills Qld 4161
Fax: 3822 9020

ALL Enquiries to: 3822 9017 0400 017 797
janelle@mooroondufc.org.au

**ALL INFORMATION on fixtures will be available at: www.mooroondufc.org.au
IT IS THE TEAM'S RESPONSIBILITY TO FIND & DISTRIBUTE THIS INFORMATION**

Team Name: _____

Jersey / Shirt Colour: _____

Teams to provide own shirt / jerseys. **NO JERSEYS OWNED BY MOOROONDU FC ARE TO BE USED.**

Age Group: U6-U7 U8-U9-U10 U11-U12-U13 U14+ **Extra players needed:** YES NO

Team Contact: Name: _____ Mobile Number: _____

Email: _____

Please Note: All further information will be sent by email

ALL PLAYERS (18+) or PARENTS (under 18) MUST COMPLETE & SIGN A DISCLAIMER FORM

	Name	Experienced Player (Y/N)	Year of Birth	Fee	Can you help Referee? Please provide name, mobile, email
1					
2					
3					
4					
5					
6					
7					
8					
9					

PAYMENT DETAILS:

TOTAL PAYMENT

Payment by: Cheque (make cheques payable to MOOROONDU SPORTS & RECREATION CLUB INC.)

Direct Deposit. Please use Payment Reference Code: **6AS + TeamName**

Bank: Bank of Queensland (Birkdale)
BSB No: 124 001

Account Name: MSRC Football Account
Account No: 2043 0678



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William Taylor Sports Grounds, Mooroodu Road, Thorneside

INDEMNITY and DISCLAIMER

This form MUST be completed by all players (18+) or parents (under 18)

NOMINATIONS WILL NOT BE ACCEPTED WITHOUT THIS FORM FOR ALL PLAYERS

In consideration of the Mooroodu Football Club (a division of Mooroodu Sports and Recreation Club Inc.) allowing:

_____ (please insert player's name)

to participate in Six-A-Side Social Fixtures 2010, I hereby acknowledge that there is no club or association insurance in place, which will cover any injury that the player may suffer. I indemnify and release Mooroodu Football Club and Mooroodu Sports and Recreation Club Inc. and their respective officials and volunteers in respect of any claim that I may have in respect of any injury or loss that the player may suffer whilst participating in Six-A-Side Summer Social Soccer 2009. I also acknowledge that Mooroodu Football Club has informed me that the player is not insured (other than personal health insurance that may have been taken out by me individually) and that the player has elected to play in the competition uninsured.

ALL PLAYERS MUST WEAR SHIN-PADS

Emergency Contact
Name & Phone Number:

Player or Parent name:

Player or Parent signature:

for INDIVIDUAL NOMINATIONS

Name: _____ Year of Birth: _____

Experienced Player? YES NO

Mobile Number: _____ Email: _____

Please Note: All further information will be sent by email