

Porirua City Football Club (PCFC)

Player Registration Form – 2024 season

Registering your Child

Please carefully complete the fields on the registration form.

Please email completed form back to poriruacityfootballclub@gmail.com or use the 'Submit Form' button on the bottom of the form.

Thank you



Personal Details of the Player

Legal First name	
Family name	
Date of Birth (dd/mm/yyyy)	
Gender	
What's your shirt size?	

Contact Details

Parents Names			
Address Line 1			
Address Line 2			
Suburb		Postal Code	
Phone (Home)	Mobile		
Email address <small>(Please ensure it is checked regularly, as we will use this to communicate with you during the season)</small>			
Current School Attended			

Medical Information

Please list any medical conditions your child may have below. Please make sure you also tell your coach about any medical conditions at the start of the season

Any Medical Conditions?	
Medical Notes	

Porirua City FC Information

Previous Club - Please state the club that your child played for in 2023 if applicable	
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Photo Use Approval - I give permission for any photos taken during the season of any child included in this registration form to be put on our website or in newspapers.	
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Parental Help - If you are able to assist the club in any way, please type a Y into the relevant box. This is not a commitment and we will contact you to discuss how you may be able to help.	I can Coach a team		I can help fundraise	
	I can Manage a team		I can Provide sponsorship	
	I can help refereeing		Other:	

Acceptance of Terms and Conditions

Accept the Code of Conduct

I have read and agree to the Terms and Conditions and accept the Capital Football Juniors Code of Conduct. *

Name: _____ Date: _____

Registration Fees - Pay into account

Acc Name: PCFCFK	Acc # 03-1399-0560345-000	Reference: Childs Name
First Kicks Ages 5-6	\$75	(Born between 2019 -2018)
Ages 7-8	\$90.00	(Born between 2017 -2016)
Ages 9-10	\$100.00	(Born between 2015 -2014)
Ages 11-12	\$100.00	(Born between 2013 -2012)

Fees Paid: _____