



BFQ Incorporated
2024 Team Registration / Nomination Form
(A separate form must be submitted for each team nominated)

Sponsoring Church Name:
*Team Name:
*Proposed Team Colours:

(Please enclose a drawing or photo of the team playing strip and the nominated alternative strip)

***Competition Nominated: Senior Mens Womens**
(Teams are reminded that all divisional nominations are subject to final placement by the relevant league committee and may be reviewed within the regular playing season)

Team Manager Details

Name:		
Postal Address:		
Phone Contact No.: H.	Work:	M:
Email:	Signature:	

Alternate Team Contact Details

Name:		
Postal Address:		
Phone Contact No.: H.	Work:	M:
Email:	Signature:	

The aforementioned church hereby applies for this team to be registered with BFQ Incorporated.

- As a church, we realise our responsibility towards team and crowd behaviour and also realise that neither BFQ Incorporated, nor persons acting for the organisation in any capacity whatsoever, can in any way, be deemed liable for any injury sustained by any person as a result of participating in, or attending at any activity connected with BFQ Incorporated.
- The above club acknowledges that BFQ Incorporated offers **player injury insurance only** and that the provision of income protection insurance is the sole responsibility of association members should they wish to procure such to cover them whilst participating in BFQ Incorporated sanctioned activities.
- As the sponsoring church we also recognise BFQ Incorporated's right to collect any outstanding debts to BFQ Incorporated incurred by the registered team from the sponsoring church should the registered team default on its payment.
- The club will, for all players, before taking the field, have received a completed Individual Player Registration Form, and that these forms have been retained by the Club for a period of two (2) years following the season.

Pastor/Elder/Deacon

Name:		
Postal Address:		
Phone Contact No.: H.	Work:	M:
Email:	Signature:	

Church Secretary / Administrator

Name:		
Postal Address:		
Phone Contact No.: H.	Work:	M:
Email:	Signature:	

**** Subject to BFQ Incorporated Management Committee Approval***

Scan and email this form to secretary@bfq.org.au