



WINTER 2016

JUNIOR NETBALL

REGISTRATION FORM



SEASON DATES

Juniors

2nd of May till 22nd of September 2016

(Please see Season Date PDF for exact dates)

Finals Week: 25th—29th September 2016

ENTRY FEES

Junior Team Entry Fee \$38.50 inc GST

WEEKLY MATCH FEES

\$38.50 inc GST

(\$31 per game + Referee fee \$7.50)

Match times:

Monday: 4pm—6pm

Please note that some games are played at our away venue Cabra College. These games will be played on outside courts.

Team Name: _____

Previous Name: _____

Official Team Representatives (must be 18+):

Contact #1 (must sign declaration)

Full Name: _____

Mobile: _____

Alt No: _____

Email: _____

Contact #2

Full Name: _____

Mobile: _____

Email: _____

(PLEASE COMPLETE PLAYER DETAILS ON BACK OF FORM)

Monday (please tick)

Year 2/3

Year 4/5

Year 6/7

Beginners (little or no experience)

Some experience (12-18 mths)

Experienced (more than 18 mths)

I, the team Contact, have read a copy of the Team Participation Guide and the Centre Code of Conduct and on behalf of my team and any fill-in players we agree to abide by them. I understand that the Centre will contact me via mailings or verbal communication on behalf of my team. I understand that I am responsible for arranging for the collection and payment of the team registration fee, all game fees and any forfeit fines (fees and fines as outlined in the Team Participation Guide) and for ensuring that all of my players, team personnel and spectators are made aware of the competition rules as outlined in the Team Participation Guide and the Code of Conduct. I understand that all players play at their own risk. **I understand that the team must be prepared to play all scheduled game time slots as indicated on our program. (See our website for more information).**

☐ I have read the above declaration

Name: _____

Signature: _____ Date: ____/____/____

REGISTRATION FORMS due by Wednesday 13th April 2016

Phone: (08) 8272 2121 Email: lifebeinit_unley@ozemail.com.au PTO for Player Details

OFFICE USE ONLY:
TEAM
NAME:

OFFICE USE ONLY:
Registration Received: ____/____/2016
First Game: ____/____/2016

Date Rego Paid: ____/____/2016
Debt Checked By: _____
Databased by: _____

TEAM NAME:

Players Details (please fill out all sections below)

FULL NAME	POST CODE	SCHOOL	SCHOOL GRADE	PARENTS EMAIL

Please Note: All players are covered by the Centre’s Public Liability Insurance but players take to the court at their own risk