



## STATE CHAMPIONSHIP REGISTRATION FORM 2017/2018 SEASON

Player First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Parent / Guardian 1

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent / Guardian 2

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Age group currently playing: \_\_\_\_\_ Club \_\_\_\_\_

Shirt Size \_\_\_\_\_ Pants size \_\_\_\_\_ Name on Hat \_\_\_\_\_  
(Please print in capital letters)

Age group nominating for (please circle one):

Under 7's   Under 9's   Under 10's   Under 11's   Under 12's   Under 13's

### Conditions

I/We understand that if my/our child does not attend and participate in all ability testing dates for States Championship Selections, this will jeopardize their selection.

If my/our child is accepted into a State Championship Squad, he/she will be required to attend all carnivals and a large majority of the scheduled training days.

I/We have read and understood these conditions.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Nominated player

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date