

Inner Western Suburbs Netball Association Inc.



REPRESENTATIVE PLAYER REGISTRATION FORM 2014 SEASON

Name :			
Date of Birth :		Email address :	
Address :			Post Code
Contact Phone Numbers			
Home	Mobile	Work	

Club Registered with:							
Playing Position(s) Indicate preferred positions (Maximum 3) e.g. GS 1 st GA 2 nd C 3 rd	GS	GA	WA	C	WD	GD	GK
Previous playing experience: (include representative experience)							

Office Use Only			
Player Selection			
Train On: YES / NO	Squad: YES / NO	Team: YES / NO	Team Res: YES / NO
Comments:			

Representative Player and Parent/Carer Declaration

We have read and understand the Commitments and Undertakings that appear over and agree to meet these commitments. We understand that the player may be withdrawn from the IWSNA representative program at the sole discretion of the IWSNA Executive Committee should they not adhere to these without satisfactory explanation.

Players Signature:		Date	
<i>Parent/Carer Authority – For players under 18 years of age</i>			
Parent/Carer Name (Please Print)		Parent/Carer Signature	

PLEASE SEE OVER FOR IMPORTANT INFORMATION