

COMPETITIVE TEAM REGISTRATION FORM

2019 - 2020 SUMMER SIX A SIDE COMPETITION

TEAM NAME	
DIVISION	
TEAM LEADER	Shirt Colour:
ADDRESS	
MOBILE (sms)	
EMAIL	

	PLAYER'S NAME	DOB	Phone	Shirt No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				

Important Information to Understand

- All games will be played on Thursdays between 5.30 pm and 9.30 pm at the High St, Fields.
- The registration fee includes partial or permanent disability insurance cover for all players, public liability insurance, ground fees, line marking, lighting and referees.
- For individual injury cover please seek your own personal insurance policy.
- **NO ALCOHOL** is to be brought onto the grounds in accordance with the Liquor Licensing laws. Failure to observe these laws will mean **instant de-registration of a player, players, team or teams without recourse and may also result in a heavy fine.**

I (the Team Coordinator) have read and understood the Competition and Player Rules, the Alcohol Policy, the Player Conduct Policy and the Team Registration Form. I understand I am responsible for my team to understand and adhere to these rules and regulations throughout their participation in this Summer Sixaside Competition.

Date: _____

Name: _____

Signed: _____