Blackwood Community Recreation Association Inc. 1 Northcote Rd. Eden Hills 5050

Postal Address: PO Box 274 BLACKWOOD 5051 Ph. 8278 8833 email: contactus@blackwoodrec.com.au

TEAM SPORT NOMINATION FORM

Senior: Netball, Basketball, Soccer, Volleyball & Inline Hockey 2020

Nomination Date: New Season begins:			egins:
ACTIVITY REQUIRED			
	Men's Basketball	Thursday Evening	
	Women's Basketball	Thursday Evening	
	Mixed Basketball	Tuesday Evening	
	Women's Day Netball	Monday Morning	
	Women's Night Netball	Wednesday Evening	
	Mixed Netball	Sunday Evening	Monday Evening
	Indoor Soccer Rebound	Monday Evening	
	Indoor Soccer Futsal	Tuesday Evening	
	Volleyball	Wednesday Evening	
	Inline Hockey	Sunday Daytime	
GRADE A B C C			
TEAM NAME AND CONTACT DETAILS			
TEAM NAME:			
CONTACT PERSON:			
ADDRESS:			
			PC
HOME PHONE:		WORK PHONE:	
MOBILE:			
EMAIL:			
ALTERNATE CONTACT:			
HOME PHONE:		WORK PHONE:	
MOBILE:		EMAIL:	

TEAM UNIFORM DETAILS AND COLOURS Tops Primary Colour: Shorts/Skirt Primary Colour:_____ Colour of Numbers (if applicable): TEAM PLAYER LIST 10. REQUEST FOR SPECIAL CONSIDERATION Please list any reason for special consideration. We cannot guarantee requests will be fulfilled however we will give our genuine consideration. Please provide as much detail as possible. DECLARATION On behalf of the afore mentioned team, I declare that we:will participate in all matches programmed for the season, and undertake to honour any fines imposed as a result of this team causing a match to forfeit. are responsible for all team players and will pay game fees as designated and accept any penalty for late or non payment of prescribed game fees. agree to abide by the "Play by the Rules" code of conduct and the Centre by-laws. \bigcirc understand that we participate in our chosen activity at our own risk. 0 acknowledge that we do not have any injuries or physical ailments, which would prevent us from undertaking our chosen activity. agree not to hold the referee, his or her agents or the Blackwood Recreation Centre liable for any injuries or losses that may arise from attending any activity. Nomination Fee must be paid within the first three games the team plays. Signature of team contact: Date: This nomination may not be accepted unless correctly filled in, signed and accompanied by the appropriate nomination fee/bond.. Teams with outstanding fees will **not** be accepted into the next season. \$_____/___ \$ / team Game Fee: Nomination Fee: OFFICE USE ONLY Staff Signature:_____ Date: Register Validation: