

# TEAM NOMINATION FORM

Competition Date: Week starting 17/06/2019

Please complete the form below in order to enter one of the netball competitions at PVRSC

Please note that the nomination form needs to be accompanied with payment

Entries close: **7/06/2019**

Team Nomination Fee \$70

Late Team Nomination Fee \$100 (if received after the due date and space is available)

Team Name \_\_\_\_\_ Team Colour \_\_\_\_\_

Contact Person 1. Name: \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

Contact Person 2. Name: \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

Umpire ( nominate 1 member) Name: \_\_\_\_\_  
Qualification \_\_\_\_\_

**PLEASE NOMINATE DIVISION IN WHICH YOU WANT TO PLAY**

**LADIES - THURSDAY NIGHT**

DIVISION 1 2 3 4

**MIXED - MONDAY NIGHTS**

DIVISION 1 2 3

**CAN HAVE UP TO 12 PLAYERS NOMINATED.**

PLAYER 1 NAME

PLAYER 2 NAME

PLAYER 3 NAME

PLAYER 4 NAME

PLAYER 5 NAME

PLAYER 6 NAME

PLAYER 7 NAME

PLAYER 8 NAME

PLAYER 9 NAME

OFFICE USE: RECEIPT NUMBER: \_\_\_\_\_

**PENRITH VALLEY REGIONAL SPORTS CENTRE**

PO Box 8094, Werrington County, NSW, 2747.

**Headquarters:** Penrith Valley Regional Sports Centre, Herbert Street, Cambridge Park, NSW, 2747.

Telephone: 02 4731-3222 Fax: 02 4731-2116 Email: [sport@pvrsc.com.au](mailto:sport@pvrsc.com.au)

ABN: 55 003 495 583

## **NETBALL PLAYER REGISTRATION FORM**

I agree that I will abide by the competition By-Laws and Code of Conduct as set out in the competition information provided to my team prior to the start of the competition. **I understand Penrith Valley Regional Sports Centre may alter these rules at any time.**

I am aware that there are risks of injury associated with playing Netball, as there are most sports. Risk will arise in the context of the activities of running, jumping, catching, throwing and guarding opposition players. While PVRSC aims to minimise risk, it is not possible to eliminate all risk.

**Constant questioning of umpiring decisions, inappropriate language and unsportsmanlike behaviour will not be tolerated.**

### **COST OF PLAYER REGISTRATION \$35**

(this includes 12 months registration plus insurance)

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PH NO:(compulsory)

POSTAL

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

EMAIL ADDRESS:(compulsory)

ANY EXISTING MEDICAL CONDITIONS;    NO            YES  
(IF YES PLEASE STATE)

SIGNATURE:

OFFICE USE: RECEIPT NUMBER: \_\_\_\_\_