



4 ELCAR LANE
JOONDALUP 6027
Phone 9300 1600
Fax 9300 0822

INDIVIDUAL

SENIOR NOMINATION FORM - INDIVIDUAL

NAME:

ADDRESS:.....

.....PC.....

TELEPHONE: (Home) (Mob)

EMAIL ADDRESS:.....

WHERE DID YOU HEAR ABOUT US? Local Paper TV/Radio Renewal
Word of Mouth Website By a Friend

TEAM/S TICK [] BOX FOR NOMINATED

SPORT: NETBALL

Position/level played: Low/Med/High GS/GA/WA/C/WD/GD/GK

FILL IN THE SPACES BELOW NUMERICALLY FOR THE DAYS OF YOUR CHOICE

MON	TUES	WED	THURS	FRI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TEAMS PLEASE READ THE FOLLOWING INFORMATION
AND SIGN YOUR ACKNOWLEDGMENT**

1. By entering the premises of Bouncer Sports Centre and your use of our playing surfaces and all surrounding areas all team players are advised that Bouncer Sports Centre, its agents, owners and employees will not accept any liability for any sustained injury whilst playing sport. All customers must assume the risks of injury are common and are part of ordinary occurrences of these sports, including the use of sporting equipment. Players play at their own risk and are responsible for their own insurance.
2. All players agree to abide by the official rules, regulations and by-laws as set by each governing sporting body and endorsed by the managers of Bouncer Sports Centre.
3. I/We agree to pay all forfeit fees as determined by Bouncer Sports Centres policies.

Team contact to sign on behalf of the team Date.....