



# Nor-West Sydney/Blacktown City Junior Oztag Registration Form



Team Name:		Richmond <input type="checkbox"/> Woodcroft (Blacktown) <input type="checkbox"/> Please tick which area and division						
Team Delegate:	Ph:	Division:	6's <input type="checkbox"/>	8's <input type="checkbox"/>	10's <input type="checkbox"/>	12's <input type="checkbox"/>	14's <input type="checkbox"/>	16's <input type="checkbox"/>
Delegates Address:								

## Team Details

PRINT FULL NAME:	HOME SUBURB:	PHONE No:	D.O.B	SIGNATURE	POST CODE	VOUCHER NUMBER/REC

<b>Indemnity:</b>  Parents must sign for children under 14 years of age	<p>* The above signed hereby declares and agrees that the registered player is participating in the Oztag competition at their own free will and entirely at their own risk</p> <p>* The registered player is in a fit state of health and understands that while risk management strategies are in place at the venue, they will be participating in Oztag knowing that injuries may still occur</p> <p>* Signing this registration form confirms that the sports Insurance Cover &amp; Conditions of play have been read &amp; understood</p> <p>* Injury claims cannot be made through the sports insurance unless this is signed &amp; players registration has been accepted</p> <p><b>Signing this registration gives permission for photo's to be taken and used for website &amp; promotional use</b></p> <p>If you do not wish for the players photo's to be used, please indicate by ticking the appropriate box</p> <p>No photo use: <input type="checkbox"/> Photo's allowed <input type="checkbox"/></p>
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