

APPLICATION FOR REPRESENTATIVE SELECTION

YEAR: _____

SENIOR REPS: State League:

State Championships

Night Interdistrict

JUNIOR REPS: 15s

14s

13s

12s

Application Fee is to be paid on lodgement: \$10.00 per junior, \$100.00 per senior player

(Note: If a Senior player is not selected the Application fee will be refunded)

Surname: _____

Given Name: _____

Address: _____ **Post Code:** _____

Phone No: _____ **Date of Birth:** _____

Email address: _____

Club Affiliation: _____

Playing Positions: 1st Preference: _____ **2nd Preference:** _____

Year, Association and Grade Last Played:

Brief Summary of Representative Experience:

Umpires Theory Pass and/ or National Badge (Year and Pass Mark):

DECLARATION

I hereby accept full responsibility for any injury or accident sustained by the above player at all times. I understand that the Association and its officials, whilst taking all reasonable care will not be liable for any claims for compensation under any circumstances.

I confirm I will notify SSNA in writing by letter or email if I accept a position with another Association or do not accept a position offered to SSNA.

Signature of Player: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

(if player is under 18 years of age)

Parents Name & Phone Number _____

This signed Agreement must be submitted before taking the court at Senior Representative Selections. No senior player will be registered with SSNA without written confirmation of acceptance of place offered in a team.