|  |  |  |  |
| --- | --- | --- | --- |
| **Given Name** |  | **Surname** |  |
| **Address** |  | **Post Code** |  |
| **Phone** |  | **Email**  |  |
| **Mobile**  |  | **DOB** |  |

|  |  |
| --- | --- |
| **Club Affiliation**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Playing Positions**  | **1st Preference**  |  | **2nd Preference**  |  |

**Year, Association and Grade Player last 2 years**

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**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 if I accept a position with another Association**

**Signature of Player**

|  |  |
| --- | --- |
| **Signature**  | **Date** |

**Signature of Parent/Guardian**

|  |  |
| --- | --- |
| **Signature**  | **Date** |

**Parents Contact Details**

|  |  |
| --- | --- |
| **Name**  | **Mobile** |

Please return completed form to info@ssna.asn.au