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| **Office Use Only** | **Received** | **Receipt No.** |
|  |  |
| **Staff Initials** |  |

**Email: morley.stadium@ymcawa.org.au**

**BASKETBALL NETBALL**

$90.00 Team Nomination $90.00 Team Nomination Fee

$68.00 per team, per game $76.00 per team, per game

$136.00 Forfeit Fine$152.00 Forfeit Fine

***$170.00 WITHDRAWAL FEE APPLIES TO ALL TEAMS***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Name / Team Captain** | | | | | | | | | | | | | | | | | | | | | |
| Team Name | | | | | | | | | | | | | | | | | | | | | |
| Team Captain | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | |
| Suburb Postcode | | | | | | | | | | | | | | | | | | | | | |
| Telephone (H) Telephone (W) | | | | | | | | | | | | | | | | | | | | | |
| Mobile E-mail | | | | | | | | | | | | | | | | | | | | | |
| **Did your team participate in last season’s competitions?**  YES / NO | | | | | | | | | | | | | | | | | | | | | |
| **If you answered NO to the above question, how did you hear about our competitions?** | | | | | | | | | | | | | | | | | | | | | |
|  | **Pl** | | | | | | | | | | | | | | | | | | | | |
| **Activity Required** | | | | | | | | | | | | | | | | | | | | | |
| **Monday** | | | | | **Tuesday** | | | | | | | **Wednesday** | | | | | **Thursday** | | | | |
| Men’s Basketball | | | | | Ladies Netball | | | | | | | Men’s Basketball | | | | | Men’s Basketball | | | | |
| Ladies Basketball | | | | | Futsul Soccer | | | | | | |  | | | | |  | | | | |
| **Injury Prevention and Requested Grade** | | | | | | | | | | | | | | | | | | | | | |
| * I acknowledge that it is my responsibility to inform my team of the information provided on the injury prevention notice board and will endeavour to do so. (Please Tick Box) | | | | | | | | | | | | | | | | | | | | | | |
| **Requested** Grade: | | | | | | | | **A** |  | **B** |  | | **C** |  |  | | | |  | | |
| **Previous Team History** | | | | | | | | | | | | | | | | | | | | | |
| Have the majority of players participated as a team before? **YES** | | | | | | | | | | | | | | | |  | | | **NO** |  |  |
| Previous Team Name Venue | | | | | | | | | | | | | | | | | | | | | |
| Are any of your players under a ban or suspension from this or any another centre? | | | | | | | | | | | | | | | | | | | | | |
| **YES** | |  | **NO** |  | | | **Details** | | | | | | | | | | | | | | |
| **Player Registration ( all players must be 16 years old and above )** | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Address | | | | | | | | | | | | Telephone | | | |
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| **Uniform Details ( all players must wear the same colour )** | | | | | | | | | | | | | | | | | | | | | |
| Shirt Colour Skirt/Shorts Numbers | | | | | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | |
| I warrant and declare that I have, on behalf of all team members, the authority to make this declaration and act accordingly on behalf of the team stated on this form. I DECLARE THE TEAM WILL PARTICIPATE IN ALL FIXTURED MATCHES FOR THE DURATION OF THE SEASON (INCLUDING FINAL’S MATCH’S) AND UNDERTAKE TO HONOUR ANY FINES THAT ARE IMPOSED AS A RESULT OF THE TEAM WITHDRAWING OR CAUSING A MATCH TO BE FORFEITED. I understand that I am responsible for this team’s players and team spectators and should any unsportsmanlike behaviour occur I will be required to ensure all suspensions and warnings are enforced. I, further being again authorised by all of the teams’ members acknowledge that the team agrees to jointly and severally indemnify YMCAWA and it’s employees, representatives and contractors, against any and all claims arising which may be made against them as a result of our teams use of the services, facilities, equipment or apparatus at Morley Sport and Recreation Centre, our participation in any events, games and/or competitions at Morley Sport and Recreation Centre or our presence at Morley Sport and Recreation Centre or it’s immediate surrounds.  I am aware that YMCA WA has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt with promptly and appropriately.  Any allegation or disclosure of abuse, neglect or assault, including sexual assault, of an enrolled child will be reported to the Department of Child Protection and Family Services. | | | | | | | | | | | | | | | | | | | | | |
| Signature Team Captain Date | | | | | | | | | | | | | | | | | | | | | |