

KINGSWAY INDOOR STADIUM

INDIVIDUAL REGISTRATION OF INTEREST - INDOOR SPORT COMPETITIONS

PLEASE COMPLETE ALL DETAILS IN FULL. INCOMPLETE FORMS WILL NOT BE PROCESSED.

JUNIORS (15 YEARS AND UNDER)

JUNIOR PERSONS INFORMATION

FIRST NAME:

SURNAME:

DOB: / /

MEDICAL INFO:

WHICH SPORT YOU ARE NOMINATING FOR? [YOU CAN SELECT MORE THAN ONE]:

SOCCER NETBALL

ON WHAT DAY? [YOU CAN SELECT MORE THAN ONE]

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PARENT / GUARDIAN INFORMATION

ADDRESS:

SUBURB:

POSTCODE:

FIRST NAME:

SURNAME:

PHONE (LANDLINE):

PHONE (MOBILE):

EMAIL:

SENIORS (16 YEARS AND OVER)

SENIOR PERSONS INFORMATION

FIRST NAME:

SURNAME:

DOB: / /

MEDICAL INFO:

WHICH SPORT YOU ARE NOMINATING FOR? [YOU CAN SELECT MORE THAN ONE]

MENS SOCCER MIXED SOCCER LADIES NETBALL MIXED NETBALL INDOOR FOOTY

ON WHAT DAY? [YOU CAN SELECT MORE THAN ONE]

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

ADDRESS:

SUBURB:

POSTCODE:

PHONE (LANDLINE):

PHONE (MOBILE):

EMAIL:

Please turn over and complete the declaration.

DECLARATION

I, _____ hereby authorise Kingsway Indoor Stadium staff to give my contact details to any current team coordinators who are seeking players for their team. I also declare that I understand that taking part in any competition may expose myself or child who I am signing on behalf of to the possible risk of injury and that the City of Wanneroo is not liable for any injury, damages or costs incurred by players as a result of an injury of whatsoever nature suffered during the course of play in the competition or in respect to that occurring in Kingsway Indoor Stadium and on its grounds, except to the extent of negligence by the City of Wanneroo and indemnify the City and its employees in respect thereof. I understand that all players play at their own risk and that I am responsible for arranging and maintaining appropriate insurance cover for myself or child I am signing on behalf of.

NAME (SENIOR NOMINATING PERSON / PARENT OR GUARDIAN): _____

SIGNATURE: _____ **DATE:** _____

RECEIVING STAFF MEMBER USE ONLY	
Date received	
Receiving staff member name	
Ensure all details and declaration are completed in full	Please circle: Complete / Incomplete
IF YOU ARE A CUSTOMER SERVICE OFFICER OR ADMINISTRATION OFFICER PROCEED TO NEXT STAGE BELOW IF YOU ARE NOT; PLEASE PLACE FORM IN THE ADMINISTRATION TRAY FOR PROCESSING	
ADMINISTRATION / CUSTOMER SERVICE STAFF USE ONLY	
Enter details into Class	Please circle: Complete / Incomplete
Enter details into Excel Database	Please circle: Complete / Incomplete
Make duplicate copies (if person has nominated for multiple sports or days)	Please circle: Complete / Incomplete
FILE IN THE APPROPRIATE PROGRAM PIGEON HOLE(S)	
PROGRAM OFFICER STAFF USE ONLY	
Confirm with nominee the form has been received and the status of their nomination (if any)	Please circle: Complete / Incomplete
Enter details into Excel Contacts list	Please circle: Complete / Incomplete
FILE IN THE RELEVANT PROGRAM COMPETITION PIGEON HOLE	