

NETBALL WA ABORIGINAL YOUTH GALA DAY

SUNDAY 5 APRIL 2020

TEAM NOMINATION INFORMATION

NOMINATION DOCUMENTS

Please provide the information below to ian.brady@netballwa.com.au when registering:

1. Coordinator Contact Details & Team Name
2. Team Nominations Summary (player names must be submitted)
3. Team Payment Details (**payment must be made at time of team registrations**)
4. Player and Officials Registration Form (1 form per team nominated)
5. Working with Children Check Information (WWCC) (photocopy of card preferred)

TEAM FEES

2020 Aboriginal Youth Gala Day team fees contribute to the following:

- Awards & Trophies
- Venue hire, court hire and venue operations
- 1 x match balls per team
- First aid service (does not include strapping for pre-existing injuries)
- Event insurance for players, coaches and team officials

CLOSING DATE

- Registrations must be received no later than **Tuesday 31st March 2020**.

FIXTURES AND DIVISIONS

All efforts will be made to make the competition as fair and equitable as possible. Pending team nominations fixtures will be released two – three days prior to the competition.

WORKING WITH CHILDREN CHECK

Any official that is registered with a team (i.e. coach, manager) must submit their Working with Children Check (WWCC) details, unless they are under 18, or if they have a child playing within that team.



1. COORDINATOR CONTACT DETAILS

Team Name			
Coordinator Name			
Coordinator Phone	Ph		M
Coordinator Email			

2. TEAM NOMINATIONS SUMMARY

Division (Ages are as of 31 December in the year of competition)	Team Fee (GST Inc)	Number of Teams	Total Due
12 & Under Division	\$130.00		\$
14 & Under Division	\$130.00		\$
16 & Under Division	\$130.00		\$
18 & Under Division	\$130.00		\$
18 & Under Boys Division	\$130.00		\$
TOTAL ENTRY FEES ALL TEAMS			\$
TOTAL AMOUNT DUE			\$

Carnival rules state that a minimum of **five** Aboriginal or Torres Strait Islander players must be on court at one time.

3. TEAM PAYMENT DETAILS

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> (check box to indicate payment method)			
Name on Card			
Card No			
Card Expiry	/	CCV	
Signature		Date	
Receipt Required (receipts will be sent via email to the Coordinator)			Y <input type="checkbox"/> N <input type="checkbox"/>

Note – teams are only officially registered once payment has been received



4. PLAYER & OFFICIALS REGISTRATION FORM (1 FORM PER TEAM)

Team # 1 Name					
Age Group (please check 1 box)	12U <input type="checkbox"/>	14U <input type="checkbox"/>	16U <input type="checkbox"/>	18U <input type="checkbox"/>	18U Boys <input type="checkbox"/>
Team Manager	Name				
	Email				
	Ph		WWCC #		
Team Coach	Name				
Team Coach Player Name	Email				
	Ph				
	DOB	Identified as Aboriginal or Torres Strait Islander? (Y / N)	WWCC #		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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11.					
12.					

IMPORTANT Are all team participants cleared for photography consent? YES or NO (please circle) if NO this team will not be photographed at the 2020 Youth Gala Day event



Team # 2 Name				
Age Group (please check 1 box)		12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> 18U <input type="checkbox"/> 18U Boys <input type="checkbox"/>		
Team Manager	Name			
	Email			
	Ph		WWCC #	
Team Coach	Name			
Team Coach Player Name	Email			
	Ph			
	DOB	Identified as Aboriginal or Torres Strait Islander? (Y / N)	WWCC #	
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IMPORTANT Are all team participants cleared for photography consent? YES or NO (please circle) if NO this team will not be photographed at the 2020 Youth Gala Day event



Team # 3 Name				
Age Group (please check 1 box)		12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> 18U <input type="checkbox"/> 18U Boys <input type="checkbox"/>		
Team Manager	Name			
	Email			
	Ph		WWCC #	
Team Coach	Name			
Team Coach Player Name	Email			
	Ph			
	DOB	Identified as Aboriginal or Torres Strait Islander? (Y / N)	WWCC #	
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IMPORTANT Are all team participants cleared for photography consent? YES or NO (please circle) if NO this team will not be photographed at the 2020 Youth Gala Day event



Team # 4 Name				
Age Group (please check 1 box)		12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> 18U <input type="checkbox"/> 18U Boys <input type="checkbox"/>		
Team Manager	Name			
	Email			
	Ph		WWCC #	
Team Coach	Name			
Team Coach Player Name	Email			
	Ph			
	DOB	Identified as Aboriginal or Torres Strait Islander? (Y / N)	WWCC #	
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IMPORTANT Are all team participants cleared for photography consent? YES or NO (please circle) if NO this team will not be photographed at the 2020 Youth Gala Day event

