

NETBALL WA MULTICULTURAL CARNIVAL

FRIDAY 28 AUGUST 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. School Payment Details (**payment must be made at time of team registrations**)
4. Each School will require to pay a **\$110 School Nomination Fee** this **is not a per team fee.**
5. Working with Children Check Information (WWCC) (photocopy of card preferred)
Please note – documents have been set up to enable online completion, and can be emailed back.

School FEES

2020 Multicultural team fees contribute to the following:

- Awards & trophies
- Venue 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 & Team Entries must be received no later than **Friday 21 August 2020**

AGE DIVISIONS

All Age Divisions relate to Western Australian School Years and are as follow:

Year 3 / 4 - Please indicate on your nomination form should you have any male participants.

Year 5 / 6 – Please indicate on your nomination form should you have any male participants.

Year 7 / 8 - Female participants only

Year 9 / 10 / 11 - Female participants only

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

SCHOOL NAME:			
COORDINATOR NAME			
COORDINATOR PHONE:	PH:		M:
COORDINATOR EMAIL:			

2. TEAM NOMINATIONS SUMMARY

AGE DIVISION	NUMBER OF TEAMS
[YEAR 3/4]	
[YEAR 5/6]	
[YEAR 7/8]	
[YEAR 9/10/11]	
[TOTAL ENTRY ALL TEAMS]	
[TOTAL AMOUNT DUE]	\$110

Carnival rules state that a minimum of 5 participants with 1 or more parents born overseas or, identify as Aboriginal or Torres Strait Islander on court at all times.

3. SCHOOL PAYMENT DETAILS/PREFERENCE

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> INVOICE <input type="checkbox"/>			
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"/>

4. SCHOOL PHOTOGRAPHY CONSENT

PLEASE indicate your schools' consent to being photographed throughout the event.

Please circle YES or NO.

If NO, this school will not be photographed at the 2020 Multicultural Carnival.

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

Team # 1 Name				
Age Group (please check 1 box)	Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)	Yes		No	
Team Bibs (tick box)	Yes		No	
Team Coach	Name			
	Email			
	Ph		WWCC #	
Player Name	DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 2 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 3 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 4 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)		1x Parent Born overseas? (Y/N)
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Team # 5 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 6 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 7 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 8 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 9 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire (tick box)		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y / N)	1x Parent Born overseas? (Y/N)	
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Team # 10 Name					
Age Group (please check 1 box)		Year 3/4 <input type="checkbox"/> Year 5/6 <input type="checkbox"/> Year 7/8 <input type="checkbox"/> Year 9/10/11 <input type="checkbox"/> Secondary Boys Division <input type="checkbox"/>			
Team Umpire		Yes		No	
Team Bibs (tick box)		Yes		No	
Team Coach		Name			
		Email			
		Ph		WWCC #	
Player Name		DOB	Identifies as Aboriginal or Torres Strait Islander? (Y/N)	1x Parent Born overseas? (Y/N)	
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