

# Boorloo NAIDOC Carnival

## Player and Officials Registration Form



### Player and Officials Registration Form (1 Form Per Team)

Team Name				
Age Group <i>(please check 1 box)</i>	<input type="checkbox"/> NSG	<input type="checkbox"/> 12U	<input type="checkbox"/> 14U	<input type="checkbox"/> 16U
	<input type="checkbox"/> Open Ladies	<input type="checkbox"/> Open Mixed	<input type="checkbox"/> Masters	
Competition Stream	<input type="checkbox"/> Social	<input type="checkbox"/> Competitive		
Team Manager	Name			
	Email			
	Contact		Photography Permission	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team Coach	Name			
	Email			
	Contact		Photography Permission	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team Umpire	Name			
	Email			
	Contact		Photography Permission	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Player's Details

#	Player Name	DOB	Identified as Aboriginal or Torres Strait Islander?	Photography Permission
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please email completed form to [NAIDOC@netballwa.com.au](mailto:NAIDOC@netballwa.com.au)