

Midwest Gascoyne WCF Primary Schools Cup





Player and Officials Registration Form

Player and Officials Registration Details (1 Form Per Team)				
School Name				
.Team Name				
Age Group	☐ Year 4 Mixed ☐ Year 4/5 Mixed ☐ Year 5 Mixed ☐ Year 5/6 Mixed			
	☐ Year 6 Mixed (please check 1 box)			
.Team Manager	Name:			
	Email:			
	.Contact:			
.Team Coach .Name:				
	Email:			
	.Contact:			
Player's Details				
.# .Player Nam	e	.Date of Birth	Gender Identity	Identified as
				Aboriginal or Torres Strait Islander
.1.				☐ Yes ☐ No
.2.				☐ Yes ☐ No
.3.				☐ Yes ☐ No
<u>.</u> 4.				☐ Yes ☐ No
.5.				☐ Yes ☐ No
.6.				☐ Yes ☐ No
.7.				☐ Yes ☐ No
.8.				☐ Yes ☐ No
.9.				☐ Yes ☐ No
.10.				☐ Yes ☐ No
.11.				☐ Yes ☐ No
.12.				☐ Yes ☐ No
Photography Permission				
Do <u>all</u> team members, including players and officials (Team Manager and Team Coach), consent to Netball WA taking and using images or videos from the WCF Primary Schools Cup?				
☐ Yes, <u>all</u> players and officials consent to give their photo permission				
☐ No, <u>not all</u> players and officials consent to give their photo permission				

Please email completed form to mw.membership@netballwa.com.au

