



Player and Officials Registration Form

Player and Officials Registration Details (1 Form Per Team)

School Name				
Team Name				
Age Group <i>(check 1 box only)</i>	<input type="checkbox"/> Year 7 Mixed	<input type="checkbox"/> Year 8-12 Boys	<input type="checkbox"/> Year 8 Girls	<input type="checkbox"/> Year 8/9 Girls
	<input type="checkbox"/> Year 9 Girls	<input type="checkbox"/> Year 9/10 Girls	<input type="checkbox"/> Year 10 Girls	<input type="checkbox"/> Year 11/12 Girls
Team Manager	Name:			
	Email:			
	Contact:			
Team Coach	Name:			
	Email:			
	Contact:			

Player's Details

#	Player Name	Date of Birth	Gender Identity	Identified as Aboriginal or Torres Strait Islander
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Photography Permission

Do **all** team members, including players and officials (Team Manager and Team Coach), consent to Netball WA taking and using images or videos from the WCF High Schools Cup?

Yes, **all** players and officials consent to give their photo permission

No, **not all** players and officials consent to give their photo permission

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

