



Kingston Mixed Netball Association Team Registration Form

Team Name: _____

Contact Details:

An email address is required as this is the main form of contact with teams

| Name | Mobile No. | Email Address |
|------|------------|---------------|
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| | | |

Uniform Colours:

Tops: _____ Shorts/Skirts: _____

Player Details:

| Player's Full name | Date of Birth | Previous Division |
|--------------------|---------------|-------------------|
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If a ny pl ayer ha s a n important **medical condition**, it is y our responsibility to speak to a committee member.

On behalf of the members of my team, I accept all the conditions of the Association. It is accepted that the Association is not liable for costs as the result of injury on, during or after a netball match. I understand that all players must be fifteen (15) years old before playing. (There will be no Personal Injury Insurance).

Signed (team captain)

Print name: _____ Signature: _____

Please return to:

Email to kingstonmixednetball@hotmail.com;
Match Box;
P.O Box 317, Kingston, 7050;
Or any committee member