

# SOCIAL SPORTS TEAM REGISTRATION FORM



### Office Use Only:

Registration fee paid in full: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Paid: ____/____/____
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Team Registration Fee: **\$70.00 in person or over the Phone ONLY (91589750)**  
 Weekly Game Fee (per team): \$70 – to be paid prior to each game commencing

### Competition (please tick)

<input type="checkbox"/> <u>BASKETBALL</u> Men's Monday	<input type="checkbox"/> <u>VOLLEYBALL</u> Mixed Tuesday	<input type="checkbox"/> <u>FUTSAL</u> Mixed Wednesday	<input type="checkbox"/> <u>NETBALL</u> Mixed Thursday
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TEAM NAME: \_\_\_\_\_

### Primary/Team Captain Contact Details:

Email:
Phone:
Address:
Suburb: _____ Postcode: _____

### Secondary Contact Details:

Email:
Phone:
Address:
Suburb: _____ Postcode: _____

### Declaration

I warrant and declare that I have the authority to make this declaration and act accordingly on behalf of the team stated on this form. I declare the team will participate in all scheduled matches for the duration of the season and honour any fines (game fees) that are imposed as a result of the team withdrawing or causing a match to be forfeited.

I declare that all players and spectators connected to this team will abide by the Centre's bylaws and Codes of Conducts. I further agree on behalf of the team, to fully indemnify the Town of Port Hedland, and all employees of the Town of Port Hedland, against any claims arising which may be made against them on behalf of this team.

I understand that participation in the Port Hedland Leisure programs is undertaken entirely at the team's risk and no liability will be held against the Town of Port Hedland. I understand that unforeseen circumstances may cause scheduled games to be altered or cancelled by the Centre from time to time.

I understand that the Town of Port Hedland routinely conducts photography and videography works during programs and all players and spectators connected to this team may appear on camera while on premises, and I consent, on behalf of the team and associated spectators, to the reproduction and use of photographs, videos, audio recordings or a reproduction thereof, either in whole or in part, for any and all advertising, promotional and publicity works conducted by the Town of Port Hedland, without limitation or reservation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## PLAYER DETAILS:

ALL details below must be completed in full before registration can be accepted  
Players must play a minimum three (3) games to be considered eligible for finals  
All players are required to wear the same-coloured shirt on game day

First Name	Surname	Email Address	Contact Number	Year of Birth (Must be 16+)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Please return your completed registration form to [socialsports@porthedland.wa.gov.au](mailto:socialsports@porthedland.wa.gov.au)