

Mens Futsal Nomination Form

Contact details

Team Name: _____

Team captain contact: _____

Street: _____ Postcode: _____

Contact numbers: (M) _____ (H) _____

Email address: _____

Secondary contact person: _____

Contact number: (M) _____ (H) _____

Player details (Minimum age 14 years)

Name	Phone No.	M/F	Email

* All teams require a Scorer each night.



In signing this form, I, on behalf of all team members, have the authority to declare that

(Team name) _____ understands that:

- We have read and shared the INFORMATION, TERMS AND CONDITIONS below with all team members.
- We are aware that personal injuries may arise directly or indirectly from sport and participation is at own risk.
- We take full responsibility of personal property and may not hold Newman Recreation Centre responsible for any lost or stolen items.
- Photographs of team members may be taken and used by the Newman Recreation Centre for promotional purposes.
- Minimum age requirement is 14+years.
- Wear comfortable loose clothing, enclosed shoes must be worn.
- Please respect players, umpires and coordinators. Unacceptable behavior will not be tolerated and may result in player suspension
- **\$60 Game Fee** to be paid at reception **before** the commencement of each game.

**Note: Having completed this declaration it is your responsibility to ensure that you have a copy of the Terms & Conditions and that ALL players are aware of them*

Signature _____ Date _____ Print Name _____

****GAME NOMINATION FEE \$60, COVERS FIRST GAME FEE****

OFFICE USE ONLY

Amount Paid:	Date:	Received By:
Eftpos <input type="checkbox"/> Cash <input type="checkbox"/>		

