# BOTANY BAY OZTAG REGISTRATION FORM

## BOORALEE PARK - SUMMER COMP 2020

| | | | |
|---|---|---|---|
| **TEAM NAME:** | | | |
| **MANAGER'S NAME:** | | **MANAGER'S PH:** | |
| **TEAMS NOT TO CLASH WITH:** | | **GAME TIMES CAN'T PLAY:** | |
| **MANAGER'S EMAIL:** | | | |
| **COMP (Circle):** | **MONDAY MIXED** | **THURSDAY MENS** | |
| **DIVISION (Circle):** | **1 2 3 4 5 6 7 U/18'S** | | |

| SHIRT # | FULL NAME | MOBILE | SIGNATURE | OFFICE USE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**OFFICE USE**

☐ **BALL GIVEN**

**Indemnity: We the above signed hereby declare and agree that we are participating in the OZTAG competition at our own free will and entirely at our own risk. We agree to abide by all rules as determined by the organisers. We further warrant that we are in a fit state of health to play and understand that while risk management strategies are in place at our venue, I participate in Oztag knowing that injuries may still occur. Signature: All players have signed this registration form confirming that they have read and understood the Insurance Cover for Players on the reverse of this sheet as well as Conditions of Play. Any player that has completed Individual Registration understands that they are not a Registered player and can not claim insurance. I/We understand that I/we will put our team in jeopardy of being disqualified from this competition and future competitions by taking the field if not a Registered Player.**

**CHUBBS: 0418 899 889** **ANNE: 0413 401 198**