



# SOUTHS OZTAG REGISTRATION FORM

## HEFFRON PARK - SUMMER 2021/22

<b>TEAM NAME:</b>			
<b>MANAGER'S NAME:</b>		<b>MANAGERS PH:</b>	
<b>EMAIL:</b>		<b>TIME CAN'T PLAY:</b>	6:00PM      6:40PM
		(Only 1 max - no guarantee)	7:20PM      8:00PM
<b>TEAMS NOT TO CLASH WITH:</b>			
<b>COMP:</b>	MONDAY MENS	WEDNESDAY MIXED	WEDNESDAY WOMENS
<b>DIVISION:</b>	DIV 1	DIV 2	DIV 3
	DIV 5	DIV 6	DIV 7
			DIV 4 40'S

	FULL NAME	MOBILE NUMBER	SIGNATURE <small>(Initials acceptable if completing electronically)</small>	OFFICE USE
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**OFFICE USE**


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, we 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 as displayed on our website. Any player that has not registered understands that they cannot claim insurance. By playing an unregistered player, I/we understand that we will put our team in jeopardy of being disqualified from the competition and future competitions.

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