



SUTHERLAND SHIRE OZTAG TEAM REGO FORM WINTER 2021

I have read and fully understand the competition guidelines / terms and conditions / insurance. I understand that it is my responsibility as team delegate to ensure that all registered players in my team are also aware of, and will abide by these guidelines.

Full Name: _____ Signed: _____ Date: _____

TEAM NAME: _____ COMPETITION AREA: _____

PREVIOUS TEAM NAME (WINTER 2020 and/or SUMMER 2020/21): _____

TEAM DELEGATE: _____ COMPETITION NIGHT: _____

DELEGATE'S ADDRESS: _____ GRADE: A B C D E F G H I J OVER30'S OVER40's

EMAIL: _____ DIVISION: MENS WOMENS MIXED

CONTACT NUMBERS: (HM) _____ (WK) _____ (MOB) _____

Please note : If any of your players are registering to play with another team in our competition, please ensure they fill out the relevant section when signing the registration form so that we can do our best to endeavour that the teams they play for don't clash. There is no guarantee that we will be able to accommodate all teams clashes and time requests.

TEAM DETAILS

PRINT FULL NAME	OFFICE	EMAIL ADDRESS	PHONE NO.	DOB	SIGNATURE	OTHER TEAM
1						
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Indemnity : We the above signed hereby declare and agree that we are participating in the OZTAG Competition at our own free will & 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 Ozttag 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 well as the Conditions of Play. Any player that has not signed or paid their Individual Registration Fee understands that they are not a registered player and can not claim Insurance.