

Team Nomination Form

TEAM NAME: _____



DAY: _____ Division: _____

MENS FUTSAL

Delegate 1 Details	Delegate 2 Details
NAME:	NAME:
EMAIL:	EMAIL:
PHONE:	PHONE:

TEAM DETAILS						OFFICE USE
PLAYER NAME	PHONE	DOB	EMAIL	SIGNED		PCYC MEMBERSHIP EXPIRY

By signing this form, I agree to abide by PCYC code of conduct, policies, procedures and sports competition rules at all times. Failure to do so may result in intermination from the competition with no refunds.



PLAYER/TEAM AGREEMENT

All players agree in entering the competition to abide by Centre's code of conduct, policies and procedures and to follow these at all times. Failure to do so may result in termination from the competition.

As Team Delegate I understand the Centre's Sports Competition policies and procedures and have forwarded this pack to each player/or parent in my team for their information.

I also understand that acceptance of this team into a competition is conditional upon the following criteria:

- Outstanding fee's, either a teams or individuals must be paid prior to entry of a new competition
- Unacceptable behavior will not be accepted by any person and may result in ejection from competition
- Centre management reserves the right to grade a team to an appropriate division at any stage of the competition.
- Compliance with PCYC Hornsby Centre competition rules and regulations.

Team Captain Sign.....