TEAM REGISTRATION FORM

TEAM NAME:	SPORT:	DAY:	DIVISION:	
NAME	Email Address	Phone	SIGNED	
1 st Delegate			-50	
2 nd Delegate	MENI	RES	12	
Player Name	Email Address	Phone	SIGNED	PCYC Member Number
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I give permission for medical help/ambulance service and agree to pay such costs incurred

I give permission to PCYC Morisset to take photos of my team, with verbal consent, for use on Social Media ONLY

TEAM REGISTRATION FORM

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 Morisset Centre competition rules and regulations.

Team Captain Sign.....

