KINGBOROUGH NETBALL ASSOCIATION INC

Team Registration Form

Date:…… Grade:…….

Name of School:…….……Team Name:……..

Coach:……...…….……Umpire:……..

Colours: Skirt:……...…Tops:……...…….……Bibs:…….……

Contact Names: 1……Ph No/s:……...…….

2……...……Ph No/s:……...……..

Contact email Address:……...

Grade Applied for (✓): C Grade: 7/8 ( ) 9/10 ( ) 11/12 ( )
Mini League: Grade 3/4 ( ) Grade 5/6 ( )

Players Name	Address	D.O.B.	Current School Grade	Reg.Pd.

On behalf of the members of this team, I accept all conditions and By-laws of the Association. It is accepted that KNA is **NOT** liable for any costs incurred as a result of injury incurred before, during and after any KNA matches or any recognised training session. I understand that any further registrations during the currency of the season will also be covered by this certification.

This form is to be returned to

The Secretary K.N.A – PO Box 253 – Kingston. 7051.

Fax 62297704. Email secretary@kna.net.au

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