



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