

## Team Nomination Form

### **Team Details**

Team Name: \_\_\_\_\_

### **Team Contact (Primary)**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

### **Team Contact (Secondary)**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

### **Uniform Details**

Primary Colour (Colour of tee-shirt): \_\_\_\_\_

Secondary Colour (Colour of skirt or shorts): \_\_\_\_\_

### **Team History**

Have the majority of the players participated as a team before? Yes  No

Team Name: \_\_\_\_\_ Venue: \_\_\_\_\_

**Creche** - How many children will be visiting the crèche each week? \_\_\_\_\_



**RELEASE FROM LIABILITY/INDEMNITY**

For the purpose of being allowed to participate in the activities at the City of Kalamunda - Hartfield Park Recreation Centre, I agree to sign and be bound by this disclaimer. Exercise is demanding and there are innate risks associated with these activities. Participating in a recreational activities at the City of Kalamunda - Hartfield Park Recreation Centre may cause serious injury, paralysis or death. Participation is at your own risk. By signing this disclaimer, you accept responsibility, to the fullest extent of the law for any injury caused by you or by others, through accident or negligence, in the course of participation at City of Kalamunda - Hartfield Park Recreation Centre. I release and indemnify the City of Kalamunda, its staff, council, servants and agents against any action or claim arising from participation at Hartfield Park Recreation Centre.

I warrant and declare that I have, on behalf of all members of the team, the authority to make this declaration on behalf of the team named on this form, and accordingly I declare that the team will participate in all matches programmed for the duration of the season (including finals) and undertake to honour any fines that may be imposed as a result of this team withdrawing or causing a match to be forfeited or any other fines incurred by the team.

**I agree that the information declared above is true and correct and I have read and understand that my rights are limited by this disclaimer. Please read the competition by laws prior to signing the declaration.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominations not completed in full and/or accompanied with the prescribed amount will not be accepted.

**Promotional Material Permission**

Hartfield Park Recreation Centre may seek photographs for promotional literature and displays. We are therefore seeking permission to take photos of you while they are enjoying our facilities to further promote our Centre. These photos are strictly for the City of Kalamunda's use only.

By signing below, I give permission to have my photo taken for promotional use by the City of Kalamunda.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff: \_\_\_\_\_