



# Nor-West Sydney Oztag Association Inc.

## TEAM REGISTRATION INFORMATION SHEET

Team Name:

Competition:

MENS  MIXED

Previous Grade:

Delegate:

Work Phone:

Home Phone:

Mobile Number:

Fax:



Season/Year

**This form is for nomination only and is subject to the acceptance by the competition executive.**

**INDEMNITY:**

We the undersigned hereby declare and agree that we are participating in the OZTAG competition at our own free will and entirely at our own risk. We hereby indemnify the organizers, OZTAG association, all sponsors and officials against any and all claims arising and may arise from our participation in the competition. We agree to abide by the rules as determined by the organizers. We further warrant that we are in a fit state of health to participate and if any doubt will undergo a physical examination by our own Doctors prior to playing.  
Note: There is insurance cover for all players who have paid their fees in full.

**RICHMOND**

Wed:

**KINGS LANGLEY**

Mon:   
Tue:   
Thu:

**MARAYONG**

Mon:   
Wed:

**ROOTY HILL**

Thur:

	First Name:	Last Name:	Address:	Contact No:	Signature:	Member Number:	D.O.B
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By signing this form you agree that you have read and accept all conditions on the rear of this form.