Adult League Registration Form

Event: _____

Date: _____

PLAYER DETAILS

Full name: _____ **Date of birth:** _____

Email: _____ **Mobile:** _____

Address: _____ **Postcode:** _____

LEAGUE & TEAM

League / division: _____ **Team name (if joining one):** _____

Preferred position: _____ **Shirt size:** _____ **Jersey no. requests:** _____

☐ Beginner ☐ Intermediate ☐ Advanced ☐ Former college / pro

EMERGENCY CONTACT

Name: _____ **Relationship:** _____ **Phone:** _____

PAYMENT

Amount paid: _____ **Date:** _____ **Received by:** _____

☐ Cash ☐ Card ☐ Bank transfer ☐ Paid online

ACKNOWLEDGEMENT

I understand that taking part in sport involves a risk of injury. I confirm I am physically able to take part, I have signed the league waiver, and I will follow league rules and the code of conduct.

Player signature: _____ **Date:** _____