



PLAYER APPLICATION FORM A

PLAYER: _____

REGISTRATION NO. _____

D.O.B.: _____

CLUB: _____

ELIGIBLE COMPETITION: _____

REQUESTED COMPETITION: _____

CLUB TEAM NAME _____

On behalf of my child, I wish to make application for him / her to participate at the nominated level of competition. In making this application, I acknowledge my child will be assessed against guidelines to compete at this level of competition. I acknowledge that any decision made by the NTJSA/FFT in respect of this application is final and binding.

I also agree to indemnify and keep indemnified NTJSA/FFT of any legal proceedings in the event of injury in playing in the nominated level of competition without consent from NTJSA/FFT and that NTJSA/FFT would be within its right to cancel the player's registration and insurance cover.

Parent / Guardian

Name: _____

Signed: _____

Date: _____

Club Declaration

On behalf of the abovementioned club, I support this application for the assessment for the following reason:

Name: _____ Signature: _____

Date: _____ Position in Club: _____