

## INDOOR AUSKICK NOMINATION FORM - TEAM

TEAM'S NAME: .....

PARENT CONTACT:.....

ADDRESS:.....PC.....

EMAIL ADDRESS:.....

TELEPHONE: (Home) ..... (Work) .....

ALTERNATIVE CONTACT:.....

ALTERNATIVE PHONE: (Home).....(Work).....

AGE GROUP: P/P  YR 1  YR 2

**TEAMS PLEASE READ THE FOLLOWING INFORMATION  
AND SIGN YOUR ACKNOWLEDGMENT**

1. Game Fees cover the umpire payment, equipment and administration costs for the competition and are to be paid prior to the commencement of the season.
2. I/We agree that monies paid are non-refundable after the third game of the season i.e. If a player decides not to continue within the competition, he/she must inform management of their decision prior to the fourth game of the season to be eligible for a refund. Games already played will be deducted from refund. After the third game, there will be no refunds applicable.
3. Players play at their own risk and are responsible for their own insurance. Bouncer Sports Centre accepts no liability for any injury sustained whilst playing sport on or within the confines of the centre playing areas.
4. We agree to abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.
5. I/We agree to pay all forfeit fees as determined by Bouncer Sports Centre.

Team contact to sign on behalf of the team ..... Date.....

Payment \$..... has been paid: **Taken By** (Bouncer Staff Member) .....

**Payment Type:** cash / card / cheque: **Card No;** \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_

**Sign (Card Holder)** ..... **Date;** \_\_ / \_\_

*Please complete player information overleaf → →*

