



SUTHERLAND SHIRE NETBALL ASSOCIATION

APPLICATION FOR JUNIOR REPRESENTATIVE SELECTION

YEAR: _____

JUNIOR REPS: 15yrs 14yrs 13yrs 12yrs 11 Years Development Squad

Application Fee is to be paid on lodgement: \$20.00 per junior

Family Name: _____ Given Name: _____

Address: _____ Post Code: _____

Phone No: (H) _____ (M) _____ Date of Birth: _____

Email address: _____

Club Affiliation with SSNA: _____

Note that players selected in a 2017 representative team are not permitted to change their club affiliation unless there are exceptional circumstances and any change must be approved by SSNA.

If not currently an SSNA member please list proposed club affiliation: _____

***Note that the proposed choice of Club affiliation may not be acceptable and other options will be advised**

Playing Positions: 1): _____ 2): _____ 3): _____ Please list at least **two** actual playing positions

Year, Association and Grade Last Played:

Brief Summary of Representative Experience:

DECLARATION

I understand that I will be trialled in my first two (2) positions as listed above.

I will attend each selection trial on the advertised trial dates on the SSNA website.

I hereby accept full responsibility for any injury or accident sustained by the above player at all times. I understand that the Association and its officials, whilst taking all reasonable care will not be liable for any claims for compensation under any circumstances.

I confirm I will notify SSNA in writing by email if I accept a position with another Association or do not accept a position offered by SSNA.

I understand and accept the rulings on Club Affiliation.

Signature of Player: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parents Name: _____ Phone Number: _____

A non-refundable application fee of \$20-00 must be paid to your affiliated club.