



# SUTHERLAND SHIRE NETBALL ASSOCIATION

## APPLICATION FOR 12-15YRS STATE TITLES SELECTION

YEAR: 2022

JUNIOR REPS: 15yrs  14yrs  13yrs  12yrs

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 2022 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.**