



Southern Highlands Netball
Association INC.

ABN 73 465 639 944

PO Box 467, Bowral NSW 2576

NOMINATION FORM

REPRESENTATIVE PLAYER 2018

Players Name:		DOB:	
Address:			
Registration No:			
Email address:			
Home Phone:		Mobile:	
Club:		Grade:	
Preferred Position 1		Preferred Position 2	
Playing		Playing	
Please place a 'X' next to the team appropriate to your age in 2017			
	11 Years (Development)		17 and Under (State)
	12 Years (State Age)		19 and Under
	13 Years (State Age)		21 and Under (State)
	14 Years (State Age)		Over 35's Rep Team (State)
	15 Years (State Age)		Over 40's Rep Team (State)

Players Signature: _____ Date: _____

Parent/ Guardian Name: _____
(Please print)

Parent/ Guardian Signature: _____ Date: _____

Parent/s email address: _____

Closing date 2nd September 2017
REQUIREMENTS OF REPRESENTATIVE PLAYERS

Player to be given a copy of this form for their information

If I am selected into a representative team I:

1. Shall present myself on all stipulated days for coaching, unless prior leave of absence has been granted by the Head Coach or Manager,
2. Am aware that if I miss three (3) training sessions or a carnival without good reason I shall forfeit my position in the team.
3. Shall immediately advise the Head Coach or Manager if I become aware of any condition, which may affect my play,
4. Shall obtain a written consent of a parent or guardian if under the age of eighteen years.
5. Shall be a registered playing member of Southern Highlands Netball Association (SHNA).
6. Shall be a holder of a current Umpires Theory Certificate or a candidate each year for the umpire theory examination during my representation until a pass is obtained,
7. Shall be able to attend all training sessions and carnivals,
8. Shall co-operate with the coach, assistant coach, manager and other team members,
9. Shall pay by the set date any expenses as decided by SHNA,
10. Shall pay by the set date any uniform costs as decided by SHNA,
11. Shall be subject to replacement as a selected player if I fail to comply with instructions given by the coach, assistant coach or manager.
12. Shall be subject to replacement as a selected player if I fail to follow instructions in respect to training and fitness.
13. Shall abide by SHNA's & Netball NSW Players code of conduct,
14. Shall complete a SHNA player agreement form, medical form, permission to travel form upon selection.
15. Shall immediately pay Representative deposit of \$100.00 on accepting my position in the team. I am aware this is non-refundable.

Please copy this form and keep as your reference for the expectations of a selected player for Southern Highlands Netball Association

Players Signature: _____ Date: _____

Parent/ Guardian Name: _____ Parent/Guardian Signature _____

(Please print)