



Adelaide Polocrosse Club Inc.

Year:

Club Membership Only

Club:

Player Database for remaining fee amount

Name: DOB:

Postal Address:

Mobile:

email:

Certificates / Checks: WWCC RSA Food Handling

Umpire Grade: Coach Level:

Club Membership Only:	Adult:	<input type="checkbox"/>	\$50	Social: (voting)	<input type="checkbox"/>	\$15	1 Tournament:	<input type="checkbox"/>	\$50
	O18:	<input type="checkbox"/>	\$50	Limited	<input type="checkbox"/>	\$50	Life:	<input type="checkbox"/>	\$0
	U18:	<input type="checkbox"/>	\$15	Trial:	<input type="checkbox"/>	\$15	Blue Bandage:	<input type="checkbox"/>	\$15
	Social: (non-voting)	<input type="checkbox"/>	\$0	Sub junior:	<input type="checkbox"/>	\$15	Mini junior:	<input type="checkbox"/>	\$0

Player Database <https://nswpolocrosse.org.au/> **for remaining fee amount**

Emergency Contact Name and number:

Adelaide Polocrosse Club Direct Deposit Detail:
ANZ BSB: 015-621 Acct: 289286643

I have read the Rules and By-By-Laws of my state association and hereby agree to be bound by these rules. I acknowledge that Polocrosse activities are dangerous and that incidents causing death, bodily injury, disability and property damage can, and do happen. Being fully aware of this I wish to involve myself in Polocrosse activities. I acknowledge that my membership includes compulsory player insurance for playing categories.

Signed: _____ Parent or Guardian if U18: _____