LCSD HKNA JUNIOR NETBALL LEAGUE
~ PLAYER'S REGISTRATION FORM ~
2011-2012 Season

康樂及文化事務署
Leisure and Cultural Services Department

PLAYER TO COMPLETE THIS SECTION AND RETURN COMPLETED FORM TO CLUB/TEAM. (CLUB/TEAM TO SUBMIT THIS FORM TO HKNA)

All the players must be registered before taking part in the competition. For a player to be considered as registered, this registration form should be completed and given to the HKNA or to JNL co-ordinator. Any team who plays an unregistered player will lose points on the competition ladder.

Eligibility:

For the Secondary Competition: Any girl who is 19 years old or under by 31st December 2012.

For the Primary Competition: Any player who is 13 years old or under by 31st December 2012.

Maximum of 2 boys are allow to take the court per team in the Primary Division.

Club Name: _____ Team Name:_____

Player's Name:

_____

(Surname) (Given Names)

Date Of Birth : _____ /_____ /_____ (D / M / Y) Sex: F / M *(Please circle)*

H.K.I.D.No. : _____ Place of residence: _____(District only)

Phone: (H) _____ (M) _____

E-Mail (please print clearly):_____

Have you participated in the HKNA Junior Netball League before? *YES or NO*

*If yes, please state the name of the team you last played for and state the competition that your team was in (i.e. Autumn/ Spring 2009/10/11):*_____

_____

Parent/Guardian Consent Form

I declare that the above information provided is true; I allow my child _____(name) to participate in the "Junior Netball League 2011-2012 organised by Hong Kong Netball Association, subvented by the Leisure and Cultural Services Department and declare that her health is in good condition; the applicant is fully aware of the risks in participating this competition and that she would withstand these risks. If the applicant suffers from injuries or death owing to her negligence or her unsatisfactory fitness conditions, we understand that your association will not be responsible for these injuries or death occurred during competition. Should we have any doubt on applicant's physical conditions, we should seek medical advice from a doctor.

Parent's/ Guardian's full name:_____

Parent's/ Guardian's signature: _____ Date: _____