



# Blue Bandage Polocrosse Membership Registration Form



Please complete the information below

Date; \_\_\_\_\_ Host Club\* ; \_\_\_\_\_

**1. Participants information;**

Family name; \_\_\_\_\_ First name; \_\_\_\_\_ DOB; \_\_\_\_/\_\_\_\_/\_\_\_\_

Address; \_\_\_\_\_

Contact Details; Mobile Phone: \_\_\_\_\_

Email Address; \_\_\_\_\_

Emergency Contact; Name \_\_\_\_\_ (to be contacted in case of emergency)

Mobile Phone: \_\_\_\_\_

Email Address; \_\_\_\_\_

**2. Blue Bandage Polocrosse;**

Fees paid: \_\_\_\_\_ Practice Day: \_\_\_\_\_ Carnival: \_\_\_\_\_

**I agree to abide by the rules and regulations of Blue Bandage Polocrosse, in accordance of the rules of Polocrosse Association of Australia.**

Signed; \_\_\_\_\_ Signed (Parent/Guardian if under 18) \_\_\_\_\_

Host club representative; \_\_\_\_\_ Position; \_\_\_\_\_

\*It is the host clubs responsibility to register Blue Bandage Polocrosse Players onto the database.

**Cash Receipt;** Date; \_\_\_\_\_ Name; \_\_\_\_\_

**Host Club:** \_\_\_\_\_

**Amount;** \_\_\_\_\_

**Received by;** \_\_\_\_\_

