



Penrith Indoor Sports & Recreation

REGISTRATION FORM - NEW PLAYER

GIVEN NAMES: _____ SURNAME: _____

ADDRESS: _____ SUBURB: _____ P/CODE: _____

D.O.B. _____

CONTACT No: Mobile _____ Home _____ Work _____

EMAIL ADDRESS: _____

SPORT: (please list all sports you want to register in & all teams you play for)

CRICKET — MENS JUNIORS

NETBALL — LADIES MIXED

SOCCER — MENS LADIES MIXED JUNIORS

TEAM NAME(S): _____

(or)

I am not yet part of a team and would like to be placed in a team (tick)

By completing & signing this form you are applying for Competition registration and for membership of the Penrith Indoor Sports & Recreation Personal Accident – Sport Injury Scheme. The Insurance Scheme is a reimbursement policy of **non-Medicare** related medical expenses to a maximum of \$1,000 per claim.

You also agree that as a registered member of a team, you will abide to all Centre policies pertaining to both individuals and teams. All registered players of a team are responsible for that team's participation in the competition. Signing this form binds you to the team(s) that you have nominated on this form for the duration of the competition. You can/will be liable for any outstanding team debts, penalties and fines.

I have read & understood the Centre policies and I agree to abide by them.

SIGNATURE: _____ DATE: _____

Office Use Only

Amount Paid:	Balance Owing:	Payment Date:
Staff Member Name:		
Date Processed:	Registration Expiry Date:	Registration No:

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PENRITH NSW 2750

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