



**Adelaide Polocrosse Club
Inc.**

Year: **2017-18**

Player Database

Club: **Adelaide**

Name:

Date of
Birth

Postal Address:

Phone:

Fax:

Mobile:

email:

Occupation:

Umpire Grade:

Coach Level:

Membership:

Adult:

\$420

Non

Competitive

\$20

1 Carnival:

\$170

U21:

\$315

Limited

\$350

Life

\$0

U16:

\$285

Trial &
Returning:

\$35

Non Playing
Member:

\$60

Emergency Contact
Name:

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: _____