

JUNIOR PLAYER REGISTRATION FORM

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PLEASE PRINT FULL NAME & ADDRESS BELOW:	
NAME:	PHONE: Home:
ADDRESS:	_
	POSTCODE:
	EMAIL:
**********	***********
PLEASE READ CAREFULLY BEFORE SIGNING:	
DECLARATION:	POSTCODE: EMAIL: ******************************
of the A.W.D.D.A. (Inc) 2. I understand that this information will only be used	for and by the AWDDA (Inc.) and not for or
publication.3. I ALSO AGREE TO ABIDE BY THE RULES AND REGULA'	TIONS OF THE A.W.D.D.A. (INC).
publication. 3. I also agree to abide by the rules and regula SIGNATURE:	TIONS OF THE A.W.D.D.A. (INC). DATE:
	TIONS OF THE A.W.D.D.A. (INC). DATE: ian Permissions
publication. 3. I ALSO AGREE TO ABIDE BY THE RULES AND REGULATES SIGNATURE: Parental / Guard ***********************************	DATE:
publication. 3. I ALSO AGREE TO ABIDE BY THE RULES AND REGULA' SIGNATURE: Parental / Guard	DATE:

Signature:

Parent/Guardian Name:_____