ORAC ST GEOF	GE N	TAG
	ragontag	

Office Use Only

Receipt No:	¢ bq

www.uragontag.com.au		ירר		AL .	<u> </u>	GE	JK	JE	JUI	NIO	K C	<u> </u>	AG	IINL	וע	וטט	AL	K	<u> </u>	311	KA I		<u> </u>	JRIV	<u>"</u>
Office Use Only: Existing F	Playei	r Y	'es	No		P	laye	rs Re	gistr	ration	No:										<u>L</u>				
PLEASE HIGHLIGHT/CIRCLE APPROPRIATE DIVISION																									
GIRLS			o competitive GIRLS 7-U8 GIRLS 9-U10 GIRLS 11-U12 GIRLS 13-U14					1/	GIRLS 15-U16				MIXED 13-16												
OIIVEO	⊢	12		011		010		09		008	20			06		05		04		03	06	05	04	03	
Please Note: To be eli																									
	ligible to play for a division, the child must be the age of the division or younger up until 31st December this year non competitive																								
BOYS	BOYS 6 BOYS 7-					3 7-U8	3	E	30YS	S 9-U10		В	OYS	11-U1	12	BOYS 13-U14			14		BOYS	15-U1	16		
	2014 2013 2012 2011					20	2010 2009 2008			80	2007 2006			20	05	20	004	20	03						
MINITAG SKILLS																									
PROGRAMME (4-6)				-			FOR	MIN	III AG	i SKI	LLS	PRO						15pm	<u> 1</u>	5	.00pi	<u>m</u>	Any	time	
VENUE	MON	NDAY	/- CA	RSS	PAR	kK] 1				МО	NDA	\Y-	ГЕМ	PE				<u> </u>				
please indicate	TUE	SDA	Y- PI	EAKH	IURS	ST							ΤH	JRS	DAY	/ - K	OG/	\RA	<u>H</u>		<u></u>				
FIRST NAME/S																									
FIRST NAME/S			<u> </u>						<u> </u>	닏									<u> </u>						
SURNAME																									
STREET NO. & NAME				Ι																					
STREET NO. & NAME	l I		<u> </u>	<u> </u>	<u>l </u>		<u> </u>	<u> </u> 	1				l	<u> </u>	<u> </u>	l			1			1			
SUBURB																				P/C	ode				
GENDER (please circle)	М	F		Б	— О.В												ΔnΔ	thie	yea	r					
OLINDLIN (please circle)	141			D.\	<u> </u>	,	D	D	M	M	Υ	Υ	Υ	Υ	ı		-yc	uns	yea	u.					
PLAYERS E-MAIL																	Nat	ion	ality						
PLATERS E-WAIL									ı								INAL	IOH	анцу						
SCHOOL ATTENDING																									
				П																					
MOBILE NUMBER.												HON	/IE N	UMB	ER										
Parent/Guardian Name												Mob													
Parent/Guardian E-MAIL																									
Parent/Guardian E-MAIL																									
TEAM NAME (if known)																									
Any Other Information we	may r	need	to b	e awa	are o	of eg,	aller	gies,	illne	ss . F	re-e	xisitı	ng m	edica	al co	nditio	on/in	jury							
Signature							Name):									Da	te						201	19
Indemnity:	The a	bove	sianea	d herek	ov ded	lares a	nd agi	rees th	nat the	registo	ered pl	aver is	s partic	cinatin	a in th	e St G	eorge	OZTA	G con	netitio	n of t	heir ow	/n		
Parent/Guardian must sign	The above signed hereby declares and agrees that the registered player is participating in the St George OZTAG competition of their own ust sign free will and entirely at their own risk. The registered player is in a fit state of health unless specified and understands that while risk																								
for children under 14	mana	geme	nt stra	itegies	are in	n place	at the	venue	they v	will be	partici	pating	in OZ	TAG k	nowin	g that i	injuries	s may	still oc	cur.					
	Signir	ng this	regis	tration	form (confirm	s that	the sp	orts In	suranc	e Cov	er & c	onditio	ns of p	play (C	Code o	f Cond	luct) h	ave be	en rea	ad & u	nderst	ood.		
	Injury claims cannot be made through the sports insurance unless this indemnity is signed & players registration has been accepted Photos may be taken at the venue for promotions (print and/or electronic media). Please provide or decline authority for St George Oztag																								
			_				_				or elec	$\overline{}$			_						eorge	e Ozta	<u> </u>	1	
						d by tick					nti∩nal			val giv					ot give		nvide	or		j	
Dragontag sponsors may wish to send out material re:Promotional Offers or contact you regarding their services. Please provide or decline authority for third partied by ticking the appropriate box :approval given approval not given																									
Signing this registration gives permission for photos to be taken and used for website & promotional use																									
7.11						_	_			Spon		_							_						_
Individual Form with	fee n	nust	be c	ompl	eted	in fu	II. Pla	avers	are	not r	eaist	ered	unle	ss R	eais	tratio	n fee	has	bee	n ma	de a	nd ac	cent	ed	

Form may also be sent to PO Box 447. Brighton Le-Sands 2216 with payment prior to Registration