**CAMPBELLTOWN DISTRICT NETBALL ASSOCIATION INC**

**PLAYER REGISTRATION FOR REPRESENTATIVE SELECTION**

I wish to register for selection in the following junior representative teams or squads:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11 YEARS DEV. SQUAD** |  |  | **JUNIORS** (please mark box) |  |
| 2017 - (born in 2006) |  |  | 2017 - 15 years (date of birth in 2002) |  |
|  |  |  | 2017 - 14 years (date of birth in 2003) |  |
|  |  |  | 2017 - 13 years (date of birth in 2004) |  |
|  |  |  | 2017 - 12 years (date of birth in 2005) |  |

**PLEASE NOTE**

**Players are to wear club uniform and suitable footwear to junior trials.**

**All successful junior players must pay a deposit of $50 at first training session after selections**.

**SQUAD SELECTION DATES - JUNIORS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 September 2016** |  |  |  |
|  | **9.00am** | **15 years** |  |
|  | **9.45am** | **14 years** |  |
|  | **10.45am** | **13 years** |  |
|  | **11.45am** | **12 years** |  |

 **1.00pm - 11 years**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| **Association Number** |
| Name | Date of birth |
| Address | Postcode |
| Home phone Mobile |  |
| Email address |  |
| Parent contact: Mobile |  |
| I am registered with Club/Assoc. | Grade played 2016 |
| Playing position – 1st preference 2nd preference |
| Club Coach name: Contact No: |
| Playing experience: |
| Representative playing experience (if any):Signed Signed |  |
| --Player |  | Parent/Guardian if under 18 years |
|  |  |  |

Please note CDNA Representative Rules require that representative netball must take precedence over other leisure activities. Leave of absence should be requested for family commitments or holidays which may involve non-attendance at games, carnivals or training sessions.