**CAMPBELLTOWN DISTRICT NETBALL ASSOCIATION INC**

**PLAYER REGISTRATION FOR REPRESENTATIVE SELECTION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **JUNIORS** (please mark box) |  |
|  |  |  | 2018 - 15 years (date of birth in 2003) |  |
|  |  |  | 2018 - 14 years (date of birth in 2004) |  |
|  |  |  | 2018 - 13 years (date of birth in 2005) |  |
|  |  |  | 2018 - 12 years (date of birth in 2006) |  |

**PLEASE NOTE**

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

**All successful junior players must pay a deposit of $100.00 at first training session after selections**.

**2018 STATE AGE PHASE I SQUAD SELECTIONS WILL BE HELD ON SATURDAY, 2 SEPTEMBER 2017 AT THE FOLLOWING TIMES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **9.00am -** | **15 years** |  |
|  | **9.45am -** | **14 years** |  |
|  | **10.45am -** | **13 years** |  |
|  | **11.45am -** | **12 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 this year:** |
| **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.