



TASMANIAN POLOCROSSE ASSOCIATION INC

MEMBERSHIP REGISTRATION FORM

Return form to Polocrosse Tasmania Secretary 7 DAYS PRIOR to playing your first tournament

Surname: _____ Christian Name: _____ DOB: ___/___/___

Club: _____ Membership Type (Please Circle): **Senior** **Junior** **Associate**

Player Grade: _____ Coaching Level: _____ Umpire Grading: _____

Occupation: _____

Postal Address: _____

Town/City: _____ Postcode: _____

Contact Details : Home Phone: _____ Fax Number: _____

Mobile Phone: _____ Email Address: _____

EMERGENCY NAME: _____ (To be contacted in case of emergency)

EMERGENCY CONTACT #: _____

I agree to abide by the rules and regulations of Tasmanian Polocrosse Association Inc and the Polocrosse Association of Australia. (Available at www.polocrosse.org.au)

Signed: _____ **Signed (Parent/Guardian if under 18):** _____

Date ___ / ___ /20__