

**THE POLOCROSSE ASSOCIATION OF AUSTRALIA - PLAYER TRANSFER FORM**

Please refer to the Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players



<b>Name:</b>	
<b>Registration/Membership Number:</b>	
<b>Address:</b>	
<b>Phone Contact number:</b>	
<b>Email:</b>	
<b>Date of Birth:</b>	

I hereby apply for a **Transfer from** the.....Polocrosse Club within the..... Zone.

For the following reasons: .....

I wish to play with and **Apply for** registration with the .....Polocrosse Club within the.....Zone.

Are you presently under suspension? .....

I hereby seek permission to play with the Club, subject to the application which I have made for a clearance to the Club being granted (if applicable) and subject to due compliance with the requirements of the association with which the Club is affiliated. I hereby acknowledge that I have read the **Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players** and agree that I am bound to those conditions. I also authorise the association in which I desire registration to advise my former association of this application.

I DECLARE that the above particulars are, to the best of my knowledge, and belief, true and correct.

Signature of Player..... Date.....

(If the Player has not attained the age of 18 years)

Parent’s / Guardian Signature .....

Signed (President/Secretary).....

**To be completed by the Club the Player is transferring from**

The application for the above named Player is granted  refused

If refused state reasons.....

Signed (President/Secretary) .....for .....Polocrosse Club . Date.....

**To be completed by the State the player is transferring from**

The application for the above named Player is granted  refused

Signed (State Director of Umpiring) ..... for.....Polocrosse Club. Date.....

**To be completed by the Club the player is transferring to**

The application for the above named Player is granted  refused

Signed (President/Secretary) ..... for.....Polocrosse Club. Date.....

**To be completed by the State the player is transferring to**

The application for the above named Player is granted  refused

Signed (State Director of Umpiring) ..... for.....Polocrosse Club. Date.....

**To be completed by the National Director of Umpiring**

The application for the above named Player is granted  refused

Signed (National Director of Umpiring) ..... Date.....

**Please note a Transfer Fee may apply – please check with the State Association**