



# POLOCROSSE VICTORIA

## MEMBERSHIP REGISTRATION FORM

Post or Fax form to Polocrosse Victoria Secretary 7 DAYS PRIOR to playing your first tournament

Surname : \_\_\_\_\_ Christian Name : \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Club : \_\_\_\_\_ Membership Type (Please Circle): **Senior Junior Student 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 Polocrosse Victoria Inc A4665**

**Signed:** \_\_\_\_\_ **Signed (Parent/Guardian if under 18):** \_\_\_\_\_