



NORTHERN TERRITORY POLOCROSSE ASSOCIATION  
REGISTRATION FORM 2009

Registered Club: \_\_\_\_\_

Name: \_\_\_\_\_

Please choose and complete details of those that apply to you

Player \_\_\_\_ 2008 Grading if known \_\_\_\_ Social Member \_\_\_\_

Umpire Grade \_\_\_\_ Coach Level \_\_\_\_ NCAS # \_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

St. Johns Ambulance Cover: Yes / No

It is compulsory for players to have insurance cover arranged by the NTPA, but we strongly recommend that you have St. Johns Ambulance cover also.

Emergency Contact Name: \_\_\_\_\_

Emergency contact number: BH: \_\_\_\_\_ AH: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2009  
Actual signatures required. Please scan form if emailing.

Note: If player /umpire is under the age of 16, parent or guardians signature is required.

**Please fax, email or post registration forms to contacts below no later than Wednesday before your first carnival.**

Post: PO Box 39964  
WINNELLIE NT 0821

Email: [julie.roycroft@kormilda.nt.edu.au](mailto:julie.roycroft@kormilda.nt.edu.au)  
Phone: 0409 335 938  
AH: 08 8988 5636  
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