



## STATE TRAINING SQUAD

# PLAYER INFORMATION FORM

This information will only be used by Water Polo South Australia for the purposes of communication regarding the State Training Squads and Teams.

PLAYER NAME:		D.O.B:	
PARENT/GUARDIAN (If under 18 years of age)			
POSTAL ADDRESS:			
SUBURB:		STATE:	
		POSTCODE:	
CONTACT NUMBER/S:			
EMAIL ADDRESS: (This email will be used for communication & invoicing)			
CLUB:			

I consent and agree to participate in all State Training Squad sessions. If I am unable to attend I will ensure the Head Coach is immediately notified as to why I will be absent.

I confirm I have read and understood all the information in the WPSA Players Code of Conduct provided.

I understand there is an opportunity for me to be selected in the South Australian and/or Adelaide Jets State Team (when applicable) and WPSA will inform me of the selection outcome in due course.

_____	_____	_____
<b>Player's Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Parent/Guardian's Signature (if player under 18 yrs)</b>	<b>Print Name</b>	<b>Date</b>