



JOONDALUP NETBALL ASSOCIATION

2018 Smarter Than Smoking Association Championships Acceptance & Commitment

Athlete: - **(Important – please read, complete and sign)**

- I confirm that I am a fully financial member of a club or team in the Joondalup Netball Association 2018 competition.
- I would like to represent Joondalup Netball Association in the Smarter than Smoking Association Championships at Wembley Sports Centre from Sat 2nd to Mon 4th June 2018.
- I understand that I will be required to attend the three days of the carnival weekend and 100% training sessions, as well as any pre and post Championship events, as requested by the team officials.
- I understand that if I am unable to attend a training session due to illness or injury, I will notify the Team Coach or Assistant Coach prior to the session and I will produce a doctor's certificate and a clearance before I am able to recommence training.
- I will attend a mini carnival as organized by the team officials, if required.
- I must, at all times, represent JNA with a good sporting attitude, respecting the rules, the opposition, the officials and the host member organisation.
- I must accept the Coaches decision on team placements (even if this is a non-preferred position). I understand that rotations may not be equal and that finals may see the same 7 athletes playing the full game. I will give full cooperation to team officials.
- I understand that if I have any problems that my Coach, Assistant Coach or Manager cannot help me with, I will approach the JNA Development Committee for assistance.
- I understand that non-compliance to JNA Policies whether as a player, umpire, official or spectator, during the winter or spring seasons prior to or leading up to the championships, could result in the loss of my position in the JNA representative team.
- I understand there is a \$50 non-refundable deposit to secure my position in the Association team. This money will only be refunded due to an injury that will prevent me from taking any further part in the team. A doctor's certificate must be presented, along with a letter to JNA applying for the refund, to be eligible.
- I understand that if I do not commit to ALL of the above conditions my position on the team may be given to another athlete.
- I understand that fundraising for the STSAC may be necessary and will give my time and support the event in any way needed.

Parents/Guardians:

Parents/guardians of athletes will be required to volunteer a minimum of 2 hours either prior to or during the Championship weekend. Please do not allow your child to participate if you are NOT prepared to do this.

Athletes Name: _____ (PRINT CLEARLY)

Athlete's Signature: _____

Team representing: _____ (e.g. 12&U, Open etc) **DOB:** _____

Parents/Guardians: **(TO READ, COMPLETE & SIGN IF ATHLETE UNDER 18YRS OF AGE)** I give permission for _____ **(name in full)**, to participate in the above championships in 2018 and have read and accepted all the above information. I also give permission to Joondalup Netball Association to arrange photos of the athletes for association purposes only.

Signed: _____ (Please complete information below)

EMAIL: _____ (PLEASE PRINT CLEARLY)

CONTACT NO: HM: _____ **MOBILE:** _____