

PLAYER REPLACEMENT FORM

PERSONAL DETAILS

Competitors must complete the following personal details: Please print clearly.

Family Name		Preferred Name	
Postal Address			
City/Town		State	
		Postcode	
Email			
Mobile No: _____	DOB ___/___/___	Age as at 31/12/19: _____	
Person to contact in case of Emergency: Name: _____			
Mobile No: _____		Relationship to competitor: _____	

INDEMNITY DISCLAIMER (Please read Disclaimer prior to signing)

I agree to abide by the Conditions of Entry (pages 4 & 5 of the Registration booklet) and the rules of each sport, compete with a spirit of fair play and abide by the decision of referees, judges, trainers and other officials at the 11th Lismore Workers Masters Games. In consideration of acceptance of my entry, I hereby waive all and any claims or causes of action which I might now have or may at any time in the future have against the Games Committee and/or any competitor, manager, official, organiser or other person whomsoever is involved in any of the sports, events or functions conducted as part of the 11th Lismore Workers Masters Games who may be liable to me in any way, arising out of or incidental to the sports, events or functions conducted as part of the 11th Lismore Workers Masters Games.

I also acknowledge that I have read the Terms and Conditions of Entry and agree to be bound by them and to compensate the Council for any loss sustained by it as a consequence of any breach of these Terms and Conditions of Entry by me.

Note: Proof of Age will be required at Registration and by Venue Officials.

Signature _____ **Date** _____

WHO ARE YOU REPLACING?

Name:	
Address:	
Sport:	
Reason:	
Events Officer/Manager Signature	