



## Junior Player Insured Registration Form

TO BE COMPLETED IN BLOCK LETTERS & POSTED TO

**WA SQUASH**  
**PO Box 101**  
**East Perth WA 6929**

Club: \_\_\_\_\_ Metro / Country \_\_\_\_\_  
Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female \_\_\_\_\_  
First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Contact Telephone No: Home \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Insurance cover: \$20.00**

All insured players are covered whilst participating in squash activities throughout Australia.

*Cover also entitles juniors to participate in all WA Squash and Squash Australia approved tournaments and events; eligible for Matrix Ranking; eligible for state and national ranking; eligible for selection in state junior team; eligible to compete in senior pennants and senior tournaments*

I agree to the following terms and conditions:

- I authorize the information provided on this form to be used by WA Squash for the administration of squash in Western Australia. This information will be held on a state database and I understand that I can access my personal information at any time.
- I authorize WA Squash to forward the information contained in this form to Squash Australia for National Squash administration purposes only.
- I agree to be bound by the rules and policies of WA Squash (Squash Rackets Association of WA Inc) and all associated pennant and tournament By-Laws.

Date:    /    /

**Players Signature:** \_\_\_\_\_

(or Parent/Guardian)

Parent/Guardian Name: \_\_\_\_\_

(if signed above)

### **PAYMENT METHODS** *Cheque / Credit card*

I authorize payment to be debited from my account as follows:

- ☐ Bankcard                      Card Holder Name: \_\_\_\_\_
- ☐ Visacard                      Account Number: \_\_\_\_\_
- ☐ Mastercard                      Expiry Date: \_\_\_\_ / \_\_\_\_                      Amount Paid: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_