

Player Registration Form

(TO BE COMPLETED IN BLOCK LETTERS & SENT TO WA SQUASH)



Matrix Ranking

Club: _____ Metro / Country _____
Surname: _____ Title: Mr / Mrs / Ms / Miss _____
Christian Names: _____
Street Address: _____
Suburb: _____ P/Code: _____
Telephone No: (H) _____ (W) _____ (Mob) _____
E-mail: _____

Date of Birth: / / Gender: Male / Female
Have you previously been graded by WA Squash? Yes / No Year: _____ Club: _____
Would you like to receive promotional material from Squash Industry Sponsors? Yes / No

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 AT THE WA SQUASH OFFICES 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: _____