**APPLICATION FORM FOR SEMSA TEAMS – PLAYERS**

NAME:…………………………………………………………………………………………..

EMAIL:………………………………………………………PHONE………………………..

CLUB REGISTERED WITH:……………………………………………………………….

AGE GROUP: U14 girls U16 girls U18 girls U23 women Open women

 U14 boys U16 boys U18 boys U23 mens Open mens

 FOR U14, U16, U18: DATE OF BIRTH……………………………………..

 NAME OF PARENT OR GUARDIAN:……………………………………………………

 SIGNATURE GIVING PERMISSION TO COMPETE……………………………….

 FOR U23: DATE OF BIRTH……………………………………………………………..

 ALL PLAYERS: POSITION/S PLAYED: (In order of preference)

 1………………………………………………………………..

 2……………………………………………………………….

 3………………………………………………………………..

I agree to abide by the SEMSA rules and Code of Conduct and agree to pay any costs involved with representing SEMSA

SIGNATURE:…………………………………………………DATE………………………………