



Polocrosse Victoria Incorporated A46665
POLOCROSSE VICTORIAN
CLEARANCE/ REGISTRATION FORM

This is a legal document- by signing you will be bound by the terms and conditions contract.
 Please use BLOCK letters except signatures- I

First Name	Surname	M/F	Gender	Date of birth
Street Address	Suburb			Post Code
Home Phone Address	Mobile/Work Phone	Fax		Email

Apply for a clearance from the.....Polocrosse club
 With the.....zone.....

For the following reasons:

To play with and apply for registration with thePolocrosse club
 Affiliated with thezone.....

Are you presently under disqualification? Yes/No

Prior to this application I have played with the following clubs for the periods named:

a) Club, affiliated with the VPA from to.....

I hereby seek permission to play with the Club, subject to the application which I have made for a clearance to the Club being granted (if applicable) and subject to due compliance with the requirements of the association with which the Club is affiliated. I hereby acknowledge that I have read the conditions of registration printed on the back of this form and agree that I am bound to those conditions. I also authorize the association in which I desire registration to advise my former association of this application via an electronic email if required and if the association so chooses. I DECLARE that the above particulars are, to the best of my knowledge, and belief true and correct.

Signature of Player..... **Date**.../.../...

(If the Player has not attained the age of 18 years)

Parent's / Guardian Signature

Signed (President/Secretary).....

To be completed by the club the Player is transferring from

The application for the above named Player is granted refused

If refused state

reasons.....

Signed (President/Secretary)forPolocrosse club

Date.../.../...

To be completed by the club the player is transferring to

The application for the above named Player is granted refused

Signed by: for.....Polocrosse club

Date.../.../..

The application for the above named Player is granted refused by Polocrosse Victoria Transfer committee..... **for Polocrosse Victoria Date** .../.../..

\$10.00 Transfer Fee made payable to Polocrosse Victoria **must** out of season or **\$100.00** during the season to accompany every Transfer