

Grade: \_\_\_\_\_

Team Name: \_\_\_\_\_

Captain: \_\_\_\_\_

Nominated Referee: \_\_\_\_\_

Category	First Name	Last Name	Phone	mobile	Email	M/F	Office Use
Player 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I \_\_\_\_\_  
(Type Name) Captain confirms that the information on this entry form is correct and that all players are eligible to participate in this grade. I understand that there are risks inherent in participating in Touch activities and that I may sustain loss or injury as a result of participation. I understand and agree that I am voluntarily participating in the competition and accept full responsibility for my own actions and safety. In consideration of being allowed to participate in this event, I hereby release Sharks Touch Module, its employees and organisers from any liability from any and all losses whatsoever, whatever the cause that I may sustain. I acknowledge that I am responsible for my own medical insurance. I certify that I have read and understand this disclaimer and I fully accept the terms and conditions set out herein.

**I have read and agree with the disclaimer: Please click the box.**

