



2017 USA Netball University Team Registration Form
PLEASE INDICATE APPLICABLE POSITION
 (Return all forms to info@netballamerica.com)

OPEN	JUNIORS
Mens <input type="checkbox"/>	Youth (7-10) <input type="checkbox"/>
Ladies <input type="checkbox"/>	10-12 YEARS <input type="checkbox"/>
Ladies (35 and over) <input type="checkbox"/>	13-17 YEARS <input type="checkbox"/>
Coaching Position <input type="checkbox"/> General Manager Position <input type="checkbox"/> (Please attach resume & include how you can contribute to Netball in America)	Team Doctor / Physical Therapist / Trainer <input type="checkbox"/> (Please attach resume)

Name of Candidate: _____

Date of Birth: _____

US Citizen: Please circle – YES NO Green Card Holder: Please circle – YES NO

Playing Position 1st Preference: _____ 2nd Preference: _____

Height: _____

I am currently registered with _____ Club/Team

Home Address: _____

Postcode: _____

TELEPHONE NUMBERS HOME: _____ CELL: _____

EMAIL: _____

ALLERGIES: _____ INJURIES: _____

Candidates Signature: _____ Date: _____

Parent/ Guardian Signature (for u/18s): _____