

THE POLOCROSSE ASSOCIATION OF AUSTRALIA - PLAYER TRANSFER FORM

Please refer to the Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players



Name:	
Registration/Membership Number:	
Address:	
Phone Contact number:	
Email:	
Date of Birth:	

I hereby apply for a **Transfer from** the.....Polocrosse Club within the..... Zone.

For the following reasons:

.....

I wish to play with and **Apply for** registration with thePolocrosse Club within the.....Zone.

Are you presently under suspension?

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 **Polocrosse Association of Australia Inc Polocrosse Rules – Register and Transfer of Players** and agree that I am bound to those conditions. I also authorise the association in which I desire registration to advise my former association of this application.

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 State the player is transferring from

The application for the above named Player is granted refused

Signed (State Director of Umpiring) for.....Polocrosse Club. Date.....

To be completed by the Club the player is transferring to

The application for the above named Player is granted refused

Signed (President/Secretary) for.....Polocrosse Club. Date.....

To be completed by the State the player is transferring to

The application for the above named Player is granted refused

Signed State Director of Umpiring) for.....Polocrosse Club. Date.....

Please note a Transfer Fee may apply – please check with the State Association