**Player Registration Form**

**Surname**: ……………………………………………… **First Name**: ……………………………………

**Address**: ………………………………………………………………………………………………………………

 ……………………………………………………………………… **Postcode**: ………………

**Date of Birth**: ………………………………………... **M** **F**

**Mobile #**: …………………………...... **Home Phone #:** ……………………………….

**Email:** ………………………………………………………………………………………………………………

**Emergency** **Contact**: ……………………………………………………………………..

**Relationship**: …………………………………. **Phone** **#:** ……………………………………

**Are you currently registered with WA Squash? Yes No**

**Club:** …………………………………………………………

*If not: to be covered by WA Squash insurance you will be required to pay a $30 registration fee.*

*Please tick:*

* + I wish to be registered with WA Squash. Please pay $30 as below.
	+ I do not wish to be registered with WA Squash

**Signature**: …………………………………………………………. **Date**: …………………………………

Please email completed form to wamasterssquash@gmail.com . Please pay (if applicable) direct to: Masters Squash Committee

 BSB: 036-304

 Account #: 100734

 Please record your name in the description field.