

STATUTORY DECLARATION



I _____
(Your/declarants Full Name)

Of _____
(Your/declarants Physical Address)

In the State/Territory of (please circle) NSW / ACT / QLD / VIC / TAS / SA / NT / WA
do solemnly declare as follows:

That each and every player listed in the following teams (please select):

Opens/Senior Divisions

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mens Open | <input type="checkbox"/> Womens Open |
| <input type="checkbox"/> Mens 20's | <input type="checkbox"/> Womens 20's |
| <input type="checkbox"/> Mens 30's | <input type="checkbox"/> Womens 30's |
| <input type="checkbox"/> Mens 40's | <input type="checkbox"/> Womens 40's |
| <input type="checkbox"/> Mens 50's | |
| <input type="checkbox"/> Mens 55's | |
|
 | |
| <input type="checkbox"/> Mixed Open | |
| <input type="checkbox"/> Mixed Seniors | |
| <input type="checkbox"/> Mixed Masters | |

Junior Divisions

- Boys Under 10's
- Boys Under 12's
- Boys Under 14's
- Boys Under 16's
- Boys Under 18's
- Girls Under 10's
- Girls Under 12's
- Girls Under 14's
- Girls Under 16's
- Girls Under 18's

Other teams: (please list) _____

of the _____ Touch Association is eligible to compete in that division at the selected tournament (see below) in accordance with all Conditions of Entry documents.

Select relevant tournament:

- Hornets Championships
- Don Green Western Junior Championships
- Central Coast Junior Championships
- Peter Wilson Memorial Junior Championships

Year & Month of tournament

Year: _____
Month: _____

All players and officials registered via the online registration process have had the Hornets Touch Association's Conditions of Entry, including the Code of Conduct explained to them and they have accepted the conditions during the online registration process. All coaches representing our affiliate hold current up to date accreditation certificates.

I make this solemn declaration in accordance with the *Oaths Act 1900 [NSW]* and subject to the punishment by law provided for the making of any wilfully false statement in any such declaration.

Declared at _____
(location/address of declaration)

on this date _____
(MM / DD / YYYY)

Signed: _____

Before me

Name: _____
Justice of the Peace Full Name

Number: _____
JP Number

Signature: _____
JP Signature