

**BURY LADIES NETBALL LEAGUE**

**APPLICATION FOR SEASON 2017/2018**

The Registration Fee is £50 could you please pay by BACS. If possible and complete and return this form by email to [buryladiesnetball@outlook.com](mailto:buryladiesnetball@outlook.com) by **30<sup>th</sup> April 2017**.

Alternatively Please send the form and cheque for £50 to:

Mrs Jean Burke  
19 Bridgefield Drive  
Bridgefields  
Bury BL9 7PE

**NAME OF TEAM:** ..... **DIVISION:** .....

**SECRETARY:** (Mrs/Miss/Ms) .....

**ADDRESS:** .....

..... **Postcode** .....

**TELEPHONE NO:** ..... (H)

..... (M)

(please state any restrictive hours.)

..... (W)

**E-MAIL:** .....

**CAPTAIN:** (Mrs/Miss/Ms) .....

**TELEPHONE NO:** ..... (H)

..... (M)

(please state any restrictive hours.)

..... (W)

**SCORE CARD OFFICIAL**

**NAME:** .....

**TELEPHONE NO:** .....

**NB. The Secretary and the Captain cannot be the same person. Contact details for two separate people are required.**

**QUALIFIED UMPIRES:**

(Please note the League rule that you must provide a qualified umpire at all times, unless otherwise agreed between the Umpires Secretary and the individual team. State qualification 'A', 'B' or 'C' award.)

**NAME:** .....

**QUALIFICATION:** .....

**TELEPHONE NO:** .....

**TRAINEE UMPIRES:**

(Note the League Rules that you must field trainees at all designated times. They must show a genuine progression to qualified status during the season prior to reapplication to the League.)

**NAME :** .....

**TELEPHONE NO:** .....

**INDEMNITY**

**IN CONSIDERATION** of you allowing us the use of those facilities and equipment as detailed on the fixture list on the dates and times specified.

**WE HEREBY AGREE TO INDEMNIFY YOU** except in the case of accident, loss or damage caused by negligent act or default of an officer or servant of the Bury Ladies Netball League acting as such or insofar as this cannot be required under provisions of the Unfair Contract Terms Act 1977 from and against all actions, proceedings, damages, expenses, costs, claims and demands by any person or persons using visiting or frequenting any part of the said facilities used by us between the dates and hours so specified for or in respect of any loss of property or damage or injury to person or property howsoever arising out of the use of the said facilities and equipment.

**Dated this** ..... **day of** ..... **2017**

**Signed** ..... **Team** .....  
(Must be 18 years or over and must be Secretary or Captain of named team.)

**WITNESS: NAME:** .....  
(Must be over 18 years of age.)

**ADDRESS:** .....  
..... **Postcode** .....