



Representative Player & Parent/Guardian Agreement Form

Player Name: _____

Date of Birth: _____

Team/Age Group: _____

1. Acknowledgement of Selection

I, the undersigned player, acknowledge that I have been selected for the HBNA representative team listed above. I understand that selection is a privilege and carries responsibilities both on and off the court.

2. Player Commitments

I agree to:

1. Attend all scheduled training sessions, fitness programs, and team activities unless excused by the team's coach or HBNA Representative.
2. Participate fully in all matches, carnivals, and representative events as directed by HBNA.
3. Wear the official HBNA representative uniform and always present myself professionally.
4. Follow the instructions and guidance of the coach, selectors, and HBNA officials.
5. Demonstrate sportsmanship, teamwork, and respect for all players, coaches, officials, and spectators.
6. Abide by the HBNA Code of Conduct, policies, and procedures.
7. Notify the coach and HBNA immediately if unable to attend training, carnivals, or events for any reason.
8. Follow all HBNA medical, health, and safety requirements, including return to play protocols if injured.



3. Parent/Guardian Commitments

I, the undersigned parent/guardian, agree to:

1. Support my child's participation and adherence to HBNA policies, including the Code of Conduct.
2. Ensure that fees, uniforms, and any other required costs are paid by the specified deadlines. Advise HBNA Representatives if a payment plan is required as early as possible.
3. Encourage positive behaviour and sportsmanship at all events and competitions.
4. Communicate respectfully and appropriately with coaches, officials, and HBNA representatives.
5. Support HBNA in maintaining a safe, inclusive, and positive environment for all participants.

4. Financial Commitment

I understand that representative participation will incur fees (including uniforms, travel, and carnival costs) and agree to meet all financial obligations as required by HBNA. Failure to do so may result in suspension from team activities or replacement by a training partner player with no refund of any fees already paid.

5. Injury & Health

- I understand that participation in training and competition carries some risk of injury.
 - I agree to follow any medical or physiotherapy advice provided by qualified professionals.
 - I acknowledge that HBNA is not liable for personal injury.
 - I understand that if an injury occurs at anytime that clearance to return to training or games must be obtained by an appropriate medical professional.
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6. Withdrawal & Replacement

- If a player withdraws voluntarily, without valid reason, a training partner player may replace them.
- Fees paid may be forfeited if the withdrawal is after the team announcement and/or after training has commenced.

7. Appeals & Feedback

I understand that feedback regarding selection is available on request and that the selection committee's decision is final. All selection decisions will be made in accordance with the HBNA Representative Player Selection Policy.

8. Agreement

By signing below, the player and parent/guardian acknowledge that they have read, understood, and agree to comply with the terms of this agreement and all HBNA policies.

Player Name:

Signature:

Date:

**Parent/Guardian
Name:**

Signature:

Date:
