## **Membership Application**

As School F	Principal, I hereby apply for	(School name)					
to be admitt (year)	season.	th West Junior So	occer Assoc	ciation Inc. (NWJS	SA) for th	ie	
I will:	scason.						
	I that is reasonable to ensur by the constitution, rules a		_	· ·	ers will at	t all times	
	owledge NWJSA Regulation						
3. Ackn	include a Player, Parent and Spectator commitment to comply with NWJSA Codes of Conduct. Acknowledge that a requirement of participation with NWJSA is a Player Death and Disability insurance cover of \$100,000. If the School does not provide this level of insurance, the School will						
	ance cover of \$100,000. If the thing in this insurance via the option			this level of insura	ance, the	School will	
4. Endo	Endorse and agree to abide by the NWJSA Member Protection Policy (MPP) and endorse the Child Safe Environment Compliance Statement lodged by the NWJSA with the South Australian						
	rtment of Education and Ch			ie in wysa with th	e South A	Australian	
	e to implement and adhere to is compliant.	to the steps outli	ned in the (	MPP) document to	ensure t	hat my	
School				Cahaal a mail			
	Principal Name			School e-mail			
School and	Apple 1, I hereby appoint the following the NWJSA. I acknowledge that another person is appoint	e that if a Delega	act as Deleg	ate in all matters c			
Delegate I	Name		Mobi	le Phone			
E-mail							
forward info the appointe	I that it is the responsibility ormation from NWJSA to the School Delegate will reposite NWJSA.	he school, coach	es, parents a	and players. Also,	I acknow	vledge that	
Principal .		I	Delegate		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Signature			Signature				
Date		I	Date				