STATUTORY DECLARATION – JUNIOR STATE CUP 2024

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address)

In the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do solemnly declare as follows:

That each and every player listed in the (list teams)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Team/s and the nominated referees of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Touch Association for the upcoming event are eligible to compete in their division in accordance with the General Conditions and Event Conditions of Entry requirements.

All players, referees and officials listed on the Registration forms have had the New South Wales Touch Associations (NSWTA) Codes of Conduct explained to them when they signed the required registration forms. All nominated Referees and Team officials are accredited to the required levels.

Access to all other NSWTA policies can be made via the NSWTA website: [www.nswtouch.com.au](http://www.nswtouch.com.au/)

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

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This day\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_2024 Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. a JP for NSW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 [Full name of JP] [JP registration number]

certify:

1. I saw the face of the declarant/deponent OR I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it.
2. I have known the person for at least 12 months OR I confirmed the person’s identity with

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[describe identification document relied on]

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 [signature of JP] [date]