

HURSTBRIDGE NETBALL PLAYER REGISTRATION FORM 2016

Member Details			
Name:	NV Reg No:		
Addross:			
Address:			
Postcode:Phone:	Date of Birth:	Age as of 31/12/16	
Player email: (please print):			
Previous team	School attending		
Comments/Requests			
Preferred playing positions			
Emergency contact:			
Parents/GuardiansName:		Relationship:	
Home phone: Work:		Mobile:	
Email (please print):			
This needs to be paid in full by t Fotal Amount \$		Reg& Ins +\$20 Team Registration(\$10 per season)	
Medical Consent			
I hereby give my permission for my child to receive emergency arising through their participation in an Association or at training at Hurstbridge Primary S	y netball activity		
SignedPlease advise the following: Any medication your child may be on?	Yes/No		
2 Does your child have asthma/diabetes etc?			
Is your child allergic to any medication? Is your child allergic to any tape or strapping?	-	e state)	
5 Do you have ambulance cover?		cription No:	
Media Consent			
I agree for my child's photo to be used for promotio YES / NO (Please circle NO if you do not wish your			
SIGNED (Parent/Guardian)			
THE INFORMATION COLLECTED		M WILL REMAIN CONFIDENTIAL	
Office use only			