

North Epping Rangers Sports Club Netball Consent/Registration Form must be completed to register each player, please bring to Registration Day in February 2012.

NORTH EPPING RANGERS SPORTS CLUB NETBALL CONSENT/REGISTRATION FORM 2012

Please ensure that all details are correct prior to signing & returning to your club coordinator.

First Name: _____ Middle Name(s) _____ Last Name: _____

Address: _____ PostCode _____

Home Phone: _____ Mobile Phone: _____

Email _____

Date of Birth _____ Age 2012: _____ School: _____ Year: _____

Last playing season: Year: _____ Team/Grade: _____ Club: _____

Have you played netball/indoor netball/PSSSA sports/basketball in the last year? (circle one) Yes/No
If "Yes" please give more details here:

Circle your preferred position(s): GS / GA / WA / C / WD / GD / GK
Rate the position(s) you like best from 1-3 where 1 is the best (eg WA=1 etc):

Comments: _____

For Member 18 years of age or older

By signing this form, I agree to abide by the Association's Constitution and By Laws, Codes of Behaviour, Anti Harassment Policy, Child Protection Policy, Sports Injury Insurance Policy. Contact Association to view these documents if required. I am aware of the risks of playing netball whilst pregnant. I am aware of the risks of playing netball with a pre-existing medical condition.

Member Signature: _____

For Member under 18 years of age

As the Parent/Guardian signing this form on behalf of the Member, I agree to abide by the Association's Constitution and By Laws, Codes of Behaviour, Anti Harassment Policy, Child Protection Policy, Sports Injury Insurance Policy. Contact Association to view these documents if required. I am aware of the risks of playing netball with a pre-existing medical condition.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____