

# PARTICIPANT REGISTRATION FORM



## PARTICIPANT DETAILS:

Surname:			
First Name:			
Date of birth:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Country of Birth:			
Email:			
Postal Address:			
Suburb		Postcode	
State:	NSW QLD VIC WA NT SA TAS		
Phone: (mobile)			
Phone: (home)			
Do you identify as an Aboriginal/Torres Strait Islander?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNDISCLOSED <input type="checkbox"/>	
Does your child have a disability?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
This information is vital to help Cairns Netball provide safe and fair inclusive environments for all.			

## PARENT/GUARDIAN DETAILS:

Surname:			
First Name:			
Phone: (Mobile)		Home:	
Email:			

### SEASON 2 (Please tick)

**Returning Player** \$100

(14 weeks of netball with qualified coaches)

**New Player** \$170

Includes CNA netball pack (bag, water bottle, visor & ball)

**Tuesday 4:30-5:30pm**

**DIVISION:** Tiny Totts (4-5 years)  NetSetGO (5-6 years)  Junior Netta (7-8 years)

## MEDICAL INFORMATION

Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the Association/Club/Other personnel.

Medicare

No: \_\_\_\_\_

Ambulance Member: Yes  No

Private Health Insurance Company:

Member No: \_\_\_\_\_

Existing Medical condition/Injuries/Allergies:

\_\_\_\_\_

Regular Medication:

\_\_\_\_\_

## DECLARATION

- I agree to pay all fees by the date/s specified.
- I agree (member and parents) to comply with the Cairns Netball Constitution and Bylaws.
- I understand that the personal information provided on this form will be used for registration, insurance and participant/club/team management purposes.
- I understand that if I do not provide the information requested on this form, Cairns Netball might not be able to process my registration and I will not be eligible to become a member or compete in competition/programs.
- I provide consent for Cairns Netball to record my child's image (photograph or video) for promotional purposes. I understand my image may be used on promotional material. Publications, print and electronic media.

NAME: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGN: \_\_\_\_\_

