

Participant Registration Form



San Remo NetSetGO! Centre:

PARTICIPANT DETAILS

Surname: _____

Name: _____

Address: _____

Suburb: _____

State: [][] [][] Post Code: [][][][][][]

Phone No.: [][] [][][][][][][][][][]

Membership No.: [][][][][][][][]

DOB: [D][D] / [M][M] / [Y][Y][Y][Y] Age: [][]

Gender: Male Female

Aboriginal/Torres Strait Islander: Yes No

PARENT/GUARDIAN DETAILS (Emergency Contact)

Surname: _____

Name: _____

Email: _____

Phone No.: [][] [][][][][][][][][][]

Mobile No.: [][][][] [][][] [][][][]

Would you be willing to assist with the program? Yes No

If yes, please indicate the area you would prefer:

Coaching Administration General

MEDICAL INFORMATION

DECLARATION

- I agree to pay all fees by the date/s specified.
- I agree (member and parents) to comply with the San Remo NetSetGO! Centre's Constitution and Bylaws, Netball Australia's Constitution, Regulations and Policies, including but not limited to the Netball Australia Member Protection Policy.
- I agree that where necessary the San Remo NetSetGO! Centre may provide my personal information to the state netball body and/or Netball Australia.
- 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, the San Remo NetSetGO! Centre might not be able to process my registration and I will not be eligible to become a member or compete in the competitions/programs.

I have read, understood and agree to the above terms and I personally consent to the application of my child. I warrant that all information provided is true and correct.

Signed: _____
(Parent or legal guardian of participant)

Your San Remo NetSetGO! Centre requires the information requested below for use in relation to the San Remo NetSetGO! program. Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the appropriate Association/Club/Other personnel. You will be able to access your personal information through your San Remo NetSetGO! Centre upon reasonable notice.

Medicare No.: [][][][] [][][][] [][]

Ambulance Member: Yes No

Private Health Insurance Company: _____

Member No.: [][][][][][][][][][][][]

Existing Medical Conditions/Injuries/Allergies: Yes No

If yes, please detail here:

Regular Medication:

MEDICAL TREATMENT CONSENT: I understand that San Remo NetSetGO! will be conducted under the rules as set by Netball Australia guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in participating in netball related activities. I authorise any official from the San Remo NetSetGO! Centre, in the event of any injury or illness, to obtain on my child's behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

INDEMNITY: Except where provided or required by law and such cannot be excluded, I agree that the San Remo NetSetGO! Centre and its respective directors, officers, members, servants or agents are absolved from all liability arising from injury or damage to my child, however caused, whilst participating in the San Remo NetSetGO! program.

IMAGE CONSENT: I provide consent for the San Remo NetSetGO! Centre to record my child's image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: publications and promotional material, and broadcast, print and electronic media. I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyright.

Name: _____

Date: [0][D] / [M][M] / [Y][Y][Y][Y]