

Samford Netball Club Inc.



PLAYER REGISTRATION - 2010

FAMILY DETAILS

(Please include details for all parents/guardians. * Denotes compulsory field)

Parent/Guardian/Player* _____

Mobile

Mobile

Home Address * _____

Home Phone * _____

Postal Address _____

Parents Email address * _____

Volunteer Assistance

Please indicate where you would best contribute in order to ensure a refund of your Family Levy:

Coaching (Please complete separate form)

Scorer (100% of games, competitive only)

Managing (Please complete separate form)

Canteen - 2 hours

Umpire Support for Nippers

I would prefer not to volunteer and hence will not be eligible for the Family Levy refund

Family Levy Refund

Please complete/correct bank account details for electronic transfer of your Family Levy refund, if applicable:

Account Name:

Account Number:

Bank Name:

BSB Number:

Please tick this box if you would prefer to **donate** your family levy to Samford Netball Club.

Parent/Guardian

As a parent/guardian, you must accept full responsibility for your child at both training and fixtures. If injured, it is important that arrangements have been made with another attending parent, the coach or manager. They should know of your whereabouts and act accordingly. A small medical kit is on hand for all to use. Managers and coaches are not responsible for attending to your child's injuries, illnesses or taking them to hospital. Please ensure that children are picked up punctually after training, as it is not the coaches' responsibility to look after them beyond training times.

Please tick this box if you DO NOT consent to your child's photograph being published for Samford Netball Club promotional purposes.

Membership

This form serves as an application for family membership of Samford Netball Club Incorporated. This entitles members to one vote per family to be exercised by a person 18 years or over. No additional membership fee will apply.

Parent/Guardian/Player Signature _____

Date: _____

Office Use Only

No. of players in family _____

Netball Fees: _____

Family Levy: _____

Uniform: _____

Total: _____

Receipt Number: _____

Birth Certificate: _____

PLAYERS' DETAILS

First Name _____ Surname _____

Home Number _____ Mobile Phone _____

Date of Birth _____ * Copy of birth certificate must be supplied for new players

Previous playing history Club: _____

2009 Age/Division Team No: Team Name: _____

Health Issues/Allergies _____

Please relate details of any health problems such as allergies, asthma, epilepsy, etc. including medication required. (Please ensure medication is available at training and games in the event of an unexpected emergency.)

Grading Positions - Competitive players only (11yrs and over)

Circle the 2 positions you wish to trial in: GS GA WA C WD GD GK

Player Responsibility

As a player, you must be responsible to commit to your team for the entire season, arriving at training suitably dressed and ready to train, showing respect to both the coach and other team members. If you may be absent for an extended period please notify your coach/manager.

Player Signature _____ Date: _____

PLAYERS' DETAILS

First Name _____ Surname _____

Home Number _____ Mobile Phone _____

Date of Birth _____ * Copy of birth certificate must be supplied for new players

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