



## PLAYER REGISTRATION - 2009

### 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)	<input type="checkbox"/>	Scorer (100% of games, competitive only)	<input type="checkbox"/>
Managing (Please complete separate form)	<input type="checkbox"/>	Canteen- 4 hours – or 4 hours fundraising	<input type="checkbox"/>
Umpire Support for Nippers	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

### Family Levy Refund

Please complete 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

Previous playing history Club: \_\_\_\_\_

2008 Age/Division \_\_\_\_\_

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 MM/DD/YY \_\_\_\_\_ \* Copy of birth certificate must be supplied

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Player Signature \_\_\_\_\_ Date: \_\_\_\_\_