



ABN: 54 817 923 380

MEMBERSHIP FORM

First Name: Surname:

Gender: MALE / FEMALE

Date of Birth: /..... /.....

Address:

.....

..... Post Code:

Contact: (Home) (Mobile)

Email Parent: Email Child:

Emergency Contact name:

Contact phone number: (Mobile preferred)

Previous Club if not Huon:..... Previous Age/ Grade played:.....

Grade/age trialling for: 11U / 13U / 15U / 17U / 21U / Grade / Premier League (please circle)

Positions Preferred:.....

Netball Tasmania is collecting the personal information above for the purpose of registration (including insurance cover), distribution of newsletters, notices and general information of services offered. All registration information will be provided to Netball Australia. (Compulsory please tick one box)

I do not wish to receive any netball related information from Netball Australia

I wish to receive any other communication material from Netball Australia and its partners

I consent to: Allow the use of my/my child's, name or photo in club or STNA publications such as newsletters, websites, promotional materials or electronic mail. Y / N Please circle

2. Abide by the By-laws and policies of the Huon Valley Netball Association including all Netball Australia's relevant code of conduct.

Player Signature: Parent/Guardian (if under 18):

Relationship to player: Parent/Guardian Signature:.....

Deposit Paid Y / N Receipt Number #.....



MEDICAL INFORMATION

Doctor's Name:

Doctor's Telephone Number:

Medical Conditions

Please list further information or special instructions for emergency action.

Epilepsy Yes/No

Fainting/dizzy spells (or sudden loss of consciousness) Yes/No

Heart Condition Yes/No

Diabetes Yes/No

Ear Disorder (particularly drainage tubes or deafness) Yes/No

Respiratory disorder (particularly asthma) Yes/No

Allergies (particularly insect bites, stings OR medication) Yes/No

Medication

Are you currently taking medication? Yes/No

Other relevant medical information

I authorise the Association to obtain Medical assistance, which is deemed necessary and agree to pay all medical expenses incurred.

Signature: Date:

Parent's signature (if applicable): Date:

For complete insurance cover all players must be members of Netball Tasmania. Your fees cover your affiliation to Netball Tasmania. Your details will be provided to Netball Tasmania and Netball Australia. All details will remain confidential within HVNA and TNA/AANA.

However, from time to time we may run or participate in carnivals or promotions to increase the profile of our Association.

Do you give HVNA permission for your child's name and photograph to be used for publication purposes or in official publications? Yes / No

Signature of Parent/Guardian Date