

Net-Set-Catch for 5-7year olds

Participant Registration Form



PARTICIPANT DETAILS

Name:

Address:

Suburb/Town: Postcode:

Date of Birth: Age:

MEDICAL INFORMATION

Medicare Number:

Ambulance Member: Yes No

Private Health Insurance Company: Number:

Existing Medical Conditions / Injuries / Allergies:

Medication:

EMERGENCY CONTACTS

Next of Kin:

Relationship: Phone Number:

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Relationship: Phone Number:

All Net-Set-Catch participants must pay a Registration Fee of \$30.00 which covers insurance costs. This fee is required twice a year, at the beginning of each season.

Cash, Cheque or Credit Card (Visa/Mastercard/Bankcard only) payments are accepted.

EFTPOS facilities are available (a \$2.50 surcharge applies for each credit card transaction)

or direct deposit into our bank account with your child's name as reference. Details are

available on our website at www.hopevalleync.com.au



Please turn over for more information...

MEDICAL TREATMENT CONSENT: I understand that Net Set Catch will be conducted under the rules as set by Netball Australia guidelines regarding Net Set Go. 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 Hope Valley Netball Club, 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 the law and such cannot be excluded, I agree that Hope Valley Netball Club and its respective director, officers, members, servants or agents are absolved from all liability however arising for injury or damage to my child however caused, arising whilst participating in the Net Set Catch Program.

IMAGE CONSENT: I provide consent for Hope Valley Netball Club to record my child's image (photograph or video footage) for promotional purposes. I understand that 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.

DECLARATION

- I agree to pay all the fees by the date/s specified.
- I agree (member and parents if member is under 18) to comply with Hope Valley Netball Club'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 Hope Valley Netball Club may provide my personal information to Netball SA 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 Hope Valley Netball Club 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, understand 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.

Name:

Signed: **Date:**
(Parent or legal Guardian or Player)

Office Use Only

<u>Amount Paid:</u>	<u>Date:</u>	<u>Receipt #:</u>

