

FIVE DOCK ALL SAINTS NETBALL CLUB

2014 REGISTRATION FORM SENIOR (18 yrs+)

Five Dock All Saints
Netball Club



Please ensure that all details are correct prior to signing & returning to your Club/Association coordinator.
This information will be held in a secure area by your Club and Association.

PLEASE PRINT CLEARLY

1. CONTACT INFORMATION						
First Name			Surname			
NMAS ID No:			or MyNetball ID No			
Address						
City/Suburb			State		Postcode	
E-Mail Address						
Date of Birth (mandatory)			Female <input type="checkbox"/> Male <input type="checkbox"/>			
Home Phone			Are you of Aboriginal or Torres Islander descent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile Phone			Are you from a non-English speaking background?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Do you have a disability? <i>(used for statistical purposes only)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occasionally the Association takes photo's of it's competition matches, these photos may appear on the Association or Club Websites or may be forwarded to local newspapers for publicity purposes						
NSW Netball & All Australia Mailing List – Please tick if you would not like to be on the Netball NSW & All Australia Netball e-mailing list in order to receive netball news and updates via email?						No <input type="checkbox"/>

2. REGISTRATION DETAILS						
PLAYER <input type="checkbox"/>	I am interested in or hold qualifications in the following:					
<i>(complete below)</i>	<input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Umpire <input type="checkbox"/> Other (specify) :					
NON PLAYER <input type="checkbox"/>						
Last Playing Level	Age/Div	Club & Team Name	Association / Indoor Centre	Year/ Season	Final Place	Rep Experience Assoc Year
Umpire Accreditation			Coach Accreditation			

3. EMERGENCY CONTACT DETAILS			
Name			Relationship
Contact No:			

4. DISCLAIMER

By signing this form, I agree to abide by the Association's Constitution and By Laws, Codes of Behaviour, Member Protection Policy, Sports Injury Policy (contact your Club Secretary to view these documents). I am aware of the risks of playing netball whilst pregnant. I am aware of the risks of playing netball with a pre-existing medical condition.

Member signature	
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This Section for Late Registration ONLY – CLUB SECRETARY TO COMPLETE ALL DETAILS

Registering in Team Name:		Team No:		Division:	
Grading Committee Use Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grading Committee (please initial)			

NSW NETBALL PRIVACY POLICY

It is the policy of the NSW Netball Association Ltd to comply with the Privacy Act. Personal information about you is only obtained from information provided by you. This data is collected by NSW District Associations affiliated with the NSW Netball Association. Members can change or gain access to their personal information by contacting their District Association or by contacting the NSW Netball Association, PO Box 396, Lidcombe NSW 1825, Tel: 02 9646 5666, Fax: 02 9646 5333, email: netballnsw@netballnsw.com

