

# PARTICIPANT REGISTRATION FORM



## PARTICIPANT DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_

State:    Post Code:

Phone No.:

DOB:   /   /     Age:

Gender: ☐ Male ☐ Female

T-Shirt Size: ☐ 6 (32cm) ☐ 8 (35cm) ☐ 10 (38cm)  
(Half chest width) ☐ 12 (41cm) ☐ 14 (44cm) ☐ 16 (47cm)

Do you identify as an Aboriginal/Torres Strait Islander?  
☐ Yes ☐ No ☐ Undisclosed

Country of birth: \_\_\_\_\_

Language/s other than English spoken at home?

☐ Yes ☐ No

If yes, please specify the language/s: \_\_\_\_\_  
\_\_\_\_\_

Do you have a disability?

☐ Yes ☐ No

This information is vital to help Netball Australia provide fair, safe and inclusive environments for all. Data will also help your ANZ NetSetGO Centre, State Association and Netball Australia seek applicable funding to provide greater opportunities.

## PARENT / GUARDIAN DETAILS (Emergency Contact)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone No.:

Mobile No.:

Email: \_\_\_\_\_

## MEDICAL INFORMATION

Your ANZ NetSetGO Centre requires the information requested below for use in relation to the ANZ NetSetGO program. Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the appropriate Association/Club/Other personnel. You will be able to access your personal information through your ANZ NetSetGO Centre upon reasonable notice.

Medicare No.:

Ambulance Member: ☐ Yes ☐ No

Private Health Insurance Company: \_\_\_\_\_

Member No.:

Existing Medical Conditions / Injuries / Allergies: \_\_\_\_\_  
\_\_\_\_\_

Regular Medication: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL TREATMENT CONSENT:** I understand that ANZ NetSetGO will be conducted under the rules as set by Netball Australia guidelines. 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 the ANZ NetSetGO Centre, 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 law and such cannot be excluded, I agree that the ANZ NetSetGO Centre and its respective directors, officers, members, servants or agents are absolved from all liability arising from injury or damage to my child, however caused, whilst participating in the ANZ NetSetGO program.

**IMAGE CONSENT:** I provide consent for the ANZ NetSetGO Centre to record my child's image (photograph or video footage) for promotional purposes. I understand 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 fees by the date/s specified.
- I agree (member and parents) to comply with the ANZ NetSetGO Centre'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 ANZ NetSetGO Centre may provide my personal information to the state netball body 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 ANZ NetSetGO Centre 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, understood 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: \_\_\_\_\_

Date:   /   /

Signed: *(Parent or legal guardian of participant)*

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