



MANNINGHAM ALL ABILITIES NETBALL PLAYER REGISTRATION FORM

First Name: Surname:
 Player Contact Number Mobile: Home:
 Date of Birth: Gender: Male Female
 Address: Suburb: Post Code:
 Email: NV Membership Number:

PARENT/GUARDIAN INFORMATION

First Name: Surname:
 Address: Suburb: Post Code:
 Telephone: Mobile:
 Relationship to Player:

MEDICAL INFORMATION

Does the player have a disability? Yes No
 If yes, please specify:
 Does the player have any allergies? Yes No
 If yes, please specify:
 Has the player had a recent illness or injury? Yes No
 If yes, please specify:
 Does the player take/require any medication? Yes No
 If yes, please specify:

EMERGENCY CONTACT

Please provide the details of a secondary contact:
 Name: Tel: Mobile:
 Relationship to player:

PARENT/GUARDIAN WAIVER

I, give consent for to participate in the Manningham All Abilities Netball. By enrolling in the Manningham All Abilities Netball, I agree that the standard of conduct specified in the Manningham Netball By Laws and Code of Conduct will be observed by my child, myself and any other accompanying spectator(s). I agree that I have decided (with or without medical advice) that the above-mentioned player is physically, socially and mentally able to participate. If the occasion arises, I permit Manningham All Abilities Netball representatives to obtain medical assistance. I understand that Manningham Netball accepts no responsibility for the loss or damage of any personal property or other losses as a result of participation in these clinics. Manningham Netball acknowledges and respects the privacy of individuals. The information being collected on this document is for the purpose of processing your registration. The intended recipients of this information are Manningham Netball's personnel responsible for coordinating the Manningham All Abilities Netball.

Signed: Date:
 Print Name:

Please return this form to: Cris Amadio - All Abilities Co-ordinator
 Manningham All Abilities Netball
 Email: allabilities@manninghamnetball.com.au