

# DONCASTER AND DISTRICTS ALL ABILITIES NETBALL



## PLAYER REGISTRATION FORM - 2020

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

Player Contact Number Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F

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

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

NV Membership Number: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

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

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

Tel: \_\_\_\_\_ 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: \_\_\_\_\_

**Please complete section on next page**

## 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 Doncaster and Districts All Abilities Netball Competition. By enrolling in the Doncaster and Districts All Abilities Netball Competition, I agree that the standard of conduct specified in the Doncaster and Districts Netball Association (DDNA) 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 DDNA All Abilities Netball representatives to obtain medical assistance.

I understand that DDNA accepts no responsibility for the loss or damage of any personal property or other losses as a result of participation in these clinics.

DDNA 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 DDNA personnel responsible for coordinating the Doncaster and Districts All Abilities Netball Competition.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return this form to:

Cris Amadio  
All Abilities Co-ordinator  
Doncaster & Districts Netball Association  
PO Box 521 Templestowe 3106  
OR  
Email to: [allabilities@ddna.com.au](mailto:allabilities@ddna.com.au)

Mobile: 0402 057 346