

DONCASTER ALL ABILITIES NETBALL



PLAYER REGISTRATION FORM - 2022

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 All Abilities Netball Competition. By enrolling in the Doncaster 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 Doncaster 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 All Abilities Netball Competition.

Signed: _____ Date: _____

Print Name: _____

Please return this form to:

Cris Amadio
All Abilities Co-ordinator
Doncaster All Abilities Netball
Email: allabilities@ddna.com.au

Mobile: 0402 057 346