





## Holy Cross Catholic School NetFun Program

Are you 5-10 years old?? Come and Try Netball!!!

Thursday the 4th February 2016, 3:05-4:05pm

At the undercover sports area!

NetFun will run every Thursday afternoon 3:05-4:05pm, for 7 weeks. Starting Thursday the 4th February and finishing Thursday 17<sup>th</sup> March 2016.

Cairns Netball's School based NetFun program is designed for boys and girls aged 5-10 years. The program offers an opportunity for children to increase their social and motor skills in a friendly and fun environment. The program creates a positive and fun experience of netball for each participant and builds a pathway into the Cairns Netball Association to encourage continued involvement in the sport.

## Cost to the participants: -

Cost: \$90 with a Cairns Netball Pack or \$60 without Pack.

Cost includes insurance, facilitation of the 7 week term and a participation pack. Packs include a size 4 netball, bag, water bottle, visor and end of term award.

## What to bring:-

- Suitable Clothing (t-shirt with sleeves)
- Appropriate Footwear (joggers preferred)
- Hat
- Ball (provided in kit)
- Water bottle
- Sunscreen

To register, complete the participation registration form and return to netsetgo@cairnsnetball.net.au. Payment may be made by cash or cheque on the 1st week (no eftpos or credit card accepted). Payment can also be made by direct deposit, please reference your child's name and school initials.

BSB: 014-577 - A/C #:2968-46274. ANZ Bank. Cairns Netball Association Inc.

ABN: 64 626 334 864

## **PARTICIPANT REGISTRATION FORM**



Sumame:  First Name:  Date of birth  Gender:   Male     Female     No:  Country of Birth:   Postal Address:   Private Health Insurance Company:   Member No:   Existing Medication:   Medication:   Existing Medication:   Medication:   Private Health Insurance Company:   Member No:   Existing Medication:   Private Health Insurance Company:   Member No:   Private Health Insurance Company:   Member No:   Existing Medication:   Private Health Insurance Company:   Private Health Insurance Company:   Member No:   Existing Medication:   Private Health Insurance Company:   Member No:   Existing Medication:   Private Health Insurance Company:   Private Health Insurance Company:   Member No:   Existing Medication:   Private Health Insurance Company:   Private Company:   Private Health Insurance Company:   Private	PARTICIPANT DETAILS:				
First Name:  Date of birth  Gender:	Surname:				SCHOOL:
the event of injury, illness or emergency, if required. Your details will be disclosed to the Association/Club/Other personnel.  Medicare No:  Country of Birth:  Email:  Postal Address:  Suburb  Postcode  State:  NSW QLD VIC WA NT SA TAS  Phone: (mobile)  Phone: (home)  Do you identify as an Aboriginal/Torres Strait Islander?  YES	First Name:				
Gender: Male   Female   No:  Country of Birth:				the event of injury, illness or emergency, if required. Your details will be disclosed to the	
Email:  Postal Address:  Suburb	Gender:	Male	Female		
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State:	Postal Address:			<u> </u>	
Phone: (mobile)  Phone: (home)  Do you identify as an Aboriginal/Torres Strait Islander?  YES	Suburb		Postcode		Existing Medical condition/Injuries/Allergies:
Commodition	State:	NSW QLD VIC	WA NT S	SA TAS	Regular Medication:
Do you identify as an Aboriginal/Torres Strait Islander?   YES					
PES NO UNDISCLOSED UNDISCLOSED I agree to pay all fees by the date/s specified.  I agree to pay all fees by the date/s specified.  I agree (member and parents) to comply with the Cairns Netball Constitution and Bylaws.  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, Cairns Netball might not be able to process my registration and I will not be eligible to become a member or compete in competition/programs.  I provide consent for Cairns Netball to record my child's image (photograph or video) for promotional purposes. I understand my image may be used on promotional material. Publications, print and electronic media.  Phone:  (Mobile) Home:  DATE:					
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Does your child have a disability?  YES					
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Does your child attend After School Care?  YES		- Ш			specified.  I agree (member and parents) to comply with the Cairns Netball Constitution and Bylaws.
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Martyn Street Reserve, PO Box 430N, North Cairns Qld 4870, Phone: 0740 517 501 Email: info@cairnsnetball.net.au Web: www.cairnsnetball.net.au