



## **Holy Cross Primary School**

### **NetFun Program**

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

**Thursday the 12th May 2016, 3-4pm**

**At the multi-purpose sport courts!**

**NetFun will run every Thursday afternoon 3:05-4:05pm, for 7 weeks.  
Starting Thursday the 12<sup>th</sup> May and finishing Thursday 23rd June 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](mailto:netsetgo@cairnsnetball.net.au).

Payment may be made by cash or cheque on the 1<sup>st</sup> week (no eftpos or credit card accepted).

Payment can also be made by direct deposit.

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

**Please reference your child's name and school initials**

# PARTICIPANT REGISTRATION FORM



## PARTICIPANT DETAILS:

Surname:			
First Name:			
Date of birth			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	UNDISCLOSED <input type="checkbox"/>	
Does your child have a disability?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child attend After School Care?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
This information is vital to help Cairns Netball provide safe and fair inclusive environments for all.			
<b>PARENT/GUARDIAN DETAILS:</b>			
Surname:			
First Name:			
Phone: (Mobile)		Home:	
Email:			

SCHOOL: \_\_\_\_\_

## MEDICAL INFORMATION

Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the Association/Club/Other personnel.

Medicare No: \_\_\_\_\_

Ambulance Member: Yes ☐ No ☐

Private Health Insurance Company:

Member No: \_\_\_\_\_

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

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

## DECLARATION

- 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.

NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGN: \_\_\_\_\_