PARTICIPANT REGISTRATION FORM



PARTICIPANT DETAILS:				100 mg. 100 mg.
Surname:				MEDICAL INFORMATION
First Name:				Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to
Date of birth				the Association/Club/Other personnel. Medicare
Gender:	Male	Female		No:
Country of Birth:				Ambulance Yes No
Email:				Private Health Insurance Company:
Postal Address:				Member No:
Suburb		Postcode		Existing Medical condition/Injuries/Allergies:
State:	NSW QLD VIC	WA NT	SA TAS	Regular Medication:
Phone: (mobile)				
Phone: (home)				DECLARATION
Do you identify as an Aboriginal/Torres Strait Islander?				I agree to pay all fees by the date/s specified.
YES	NO	UNDISCLO	OSED	I agree (member and parents) to comply with the Cairns Netball Constitution and Bylaws.
Does your child have a disability?				I understand that the personal information provided on this form will be
	YES			used for registration, insurance and
	NO 🗌			participant/club/team management purposes.
This information is vital to help Cairns Netball provide safe and fair inclusive environments for all.				I understand that if I do not provide the information requested on this form, Cairns Netball might not be able to
PARENT/GUARDIAN DETAILS:				process my registration and I will not be
Surname:				eligible to become a member or compete in competition/programs.I provide consent for Cairns Netball to
First Name:				record my child's image (photograph or video) for promotional purposes. I
Phone: (Mobile)		Home:		understand my image may be used on promotional material. Publications, print and electronic media.
Email:				NAME:
Please tick: Season: 14 Weeks - Returning Player \$110				DATE:/
New Player (receives a Cairns Netball Pack) \$140				

Total: _____

ABN: 64 626 334 864