



**Holy Cross Catholic Primary School
NetFun Program**

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

Thursday the 28th July 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 28th July and finishing Thursday 8th September 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. Cairns Netball Association Inc.

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.			
PARENT/GUARDIAN DETAILS:			
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: _____