



ASTUTE FINANCE & MCDONALDS



SCHOOL HOLIDAY NETBALL CLINICS

**WHEN: TUESDAY 27TH JUNE
THURSDAY 29TH JUNE
MONDAY 3RD JULY
WHERE: 2-10 LITTLE ST,
MANUNDA**

TIME: 9:00AM-3:00PM

**COST: \$20pp per day
BYO LUNCH**

**BOYS & GIRLS
AGES: 8-12
YEARS OLD**

More information & registration form
please contact: Paige Kingsbury
(Participation Manager)
Email: netsetgo@cairnsnetball.net.au
Phone: 4051 7501



**CAIRNS
NETBALL**

PARTICIPANT REGISTRATION FORM



**CAIRNS
NETBALL**

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"/> | |
| 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: | | | |

Participant (aged 8-12 years old)

\$20 ☐

(BYO lunch – CNA will provide morning tea)

TUESDAY 27TH JUNE ☐ MONDAY 3RD JULY ☐

THURSDAY 29TH JUNE ☐

PAYMENT METHOD:

Cash/eftpos on the day or direct debt

Account Name: Cairns Netball Association

BSB: 014 577

Account number: 2968 46274

Use your child's name and "holiday clinic"

FORMS MUST BE RETURNED TO PAIGE – BY FRIDAY 23RD JUNE 2017

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: _____

Martyn Street Reserve, PO Box 430N, North Cairns Qld 4870, Phone: 0740 517 501

Email: info@cairnsnetball.net.au Web: www.cairnsnetball.net.au

ABN: 64 626 334 864