



**Holy Cross Primary School  
NetFun Program**

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

**Thursday the 30<sup>th</sup> July 2015, 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 30<sup>th</sup> July and finishing Thursday 10<sup>th</sup> September 2015.**

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, please reference your child's name and school initials.

**BSB: 124001 - A/C #:22108184. Bank of QLD. Cairns Netball Association Inc.**

# PARTICIPANT REGISTRATION FORM



## 2015 DETAILS

Has your child been previously registered in 2015? YES ☐ NO ☐

**If yes only fill out child's name.**

**If no please complete entire form.**

If yes have any details change? YES ☐ NO ☐

**If yes please fill in required fields below**

## PARTICIPANT DETAILS:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (mobile) \_\_\_\_\_

Phone: (home) \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: Male ☐ Female ☐

Do you identify as an Aboriginal/Torres Strait Islander?

YES ☐ NO ☐ UNDISCLOSED ☐

Country of birth: \_\_\_\_\_

Does your child have a disability?

YES ☐ NO ☐

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: \_\_\_\_\_

## 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: \_\_\_\_\_