



Affiliated with KDNA
AUTUMN SEASON 2012 Registration



Saturday January 21st - Dales Park Pavillion 9.30am - 11.30am
**** Players to register by 21st January 2012 to ensure you are included in a team****
Team lists must be finalised by January 30th 2012 for submission to KDNA

In Person	Online Banking & Post	By Mail
Saturday 21 st January 2012 Cash/Cheques ONLY (No credit Card Facilities) Dales Park Pavillion 9.30am – 11.30am Bring Completed Registration Form	Deadline 18 th Jan 2012 Account Name: Chelt. Nth Netball Club BSB: 033 095- Account No: 360439 Reference: Players Surname POST completed Registration Form to: The Secretary 40 Rosewarne Ave Cheltenham 3192	Deadline 18 th Jan 2012 Cheque/Money Order Payable to: Chelt Nth Netball Club POST payment and completed Registration Form to: The Secretary

CLUB & VNA FEES PAYABLE:

	NETTA	MODIFIED	JUNIOR	SENIOR
Age	Must be 8 years of age at 31/12/2012	Under 12Yrs as at 31/12/2012	12Yrs/-17Yrs As at 31/12/2012	18Years and over As at 31/12/2012
Club Fee	\$50	\$100	\$100	\$100
VNA Fee	+\$30	+\$30	+\$40	+\$58
TOTAL PAYABLE	=\$80	=\$130	=\$140	=\$158

VNA is an Annual fee to Victorian Netball Association for insurance which is compulsory. All new players are also required to show proof of age at the association office by your 2nd game

Please tick box if any lengthy absence will impact on your Childs attendances at training/matches & possible finals sporting committments family holiday other (please state)

Permission to be photographed – Newsletters/Club photos

Yes, I give permission. No, I do not give permission

Permission to be added to the Chelt.Nth Email Database – for ease of communication within Chet Nth Club

Yes, I give permission. No, I do not give permission

Personnel Information will be for the use of Chelt. Nth Netball Club Only.

This information will be given only to the Coach for use in case of an emergency during a training session or game.

Players Surname -		Given Name -		Date of Birth -
Address -			Postcode -	
Parents/Guardians Name -				
Address -			Postcode -	
Phone - (H)	(W)	(M)		
Email address -				
Emergency Contact Name -				
Address -				
Phone - (H)	(W)	(M)		

Medical Information :-

Family Doctor's Name -		Phone No -		
Address -				
Medicare No -	Ambulance Subscriber Fund		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Asthma Sufferer -			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies? - (e.g. Medication/Creams/Tapes etc.) Please State -				Yes <input type="checkbox"/>
Do you have any medical conditions or previous injuries that you coach should be aware of? Please State -				
I, the undersigned, hereby grant permission for my daughter/son to play netball with Chelt. Nth. Netball Club for 2012. I authorise the Coach in charge of the netball team to consent, where it is impracticable to communicate with me, to my daughter/son receiving such medical treatment as may be deemed necessary during training sessions and matches.				
Signed -			Date -	