



## Autumn Season 2012 Registration Form

**VIP Note: Team lists must be finalised for input to KDNA by the 16<sup>th</sup> January 2012– Please register early to ensure you are included:**

**CLUB & VNA FEES PAYABLE:**

NETTA	\$50 Club Fee Add	\$30 VNA Fee * = \$ 80**
MODIFIED - (1) (Born 2000 or later)	\$100 Club Fee Add	\$30 VNA Fee * = \$130**
JUNIORS – (2) (Born 1994-1999)	\$100 Club Fee Add	\$40 VNA Fee * = \$140**
SENIORS (Born 1993 or earlier)	\$100 Club Fee Add	\$58 VNA Fee * = \$158**

**Family Discounts:** \$5 disc. For 2<sup>nd</sup> family member, a further \$10 for additional siblings on Club Fees only.

**\*\*Late payments will attract a \$10 per player fee.**

\* VNA is an **Annual** fee for insurance which is **Compulsory**. **NB: New players will need to pay this prior to commencement of the new Season.**

All new players are also required to show **proof of age** at the association office by your second game.

**Register & Pay with Cash/Chq on December 16<sup>th</sup> 2011  
(Bring Completed Indemnity Form):**

**Alternatively:**

**Online Banking:** BSB: **063 119**  
**By 16/12/11** Account No: **1009 3590**  
**\*\*Deadline\*\*** Account Name: Dolphins Netball Club  
Reference: Players Surname  
POST COMPLETED INDEMNITY FORM^^

**By Mail:** Complete the Return Slip Below & send with your Cheque or Money Order  
**By 16/12/11** Payable to: Dolphins Netball Club .  
**\*\*Deadline\*\*** Postal Address:  
INCLUDE COMPLETED INDEMNITY FORM^^

**By Cash:**  
**By 16/12/11** Bank into Dolphins Account (above) at any Commonwealth Bank Branch.  
**\*\*Deadline\*\*** Ensure you put the Players Surname as a reference on the deposit.  
POST COMPLETED INDEMNITY FORM^^

^^INDEMNITY FORMS: Included in your Info Packs or can be downloaded from the KDNA Website at [www.kdna.org.au](http://www.kdna.org.au) – follow links to Clubs & Dolphins.

**UNIFORM PURCHASE: Please phone Jayne Perchandis 0410 500 847 for an appointment.**

Dolphins Netball Club Committee:

President: Naomi Murray, Ph: 9585 4919 Mob: 0457 896 825 Vice President: Leanne Edmond. PH 0417 528 033

Treasurer: Robyn Szabo, Ph: 9515 3471 Mob: 0422 126 667

Club Email: [bnmurray@bigpond.com](mailto:bnmurray@bigpond.com)

**DOLPHINS NETBALL CLUB - REGISTRATION REPLY SLIP, AUTUMN SEASON 2011**

PLAYER(S)	_____	D.O.B. ___/___/___	\$ _____
	_____	D.O.B. ___/___/___	\$ _____
	_____	D.O.B. ___/___/___	\$ _____

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

## REGISTRATION /INDEMNITY & CONSENT FORM

I hereby consent to the provision of the following information for Dolphins Netball Club records. Dolphins Netball Club requires the information requested for use in relation to the Kingston and Districts Netball Association Competition. The information in this record is to be used in the event of injury, illness or emergency if required. Your details will be disclosed to the Committee members as required, Club Secretary, team Coach & Team Manager. You will be able to access your personal information through Dolphins Netball Club upon reasonable notice.

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

I would prefer Correspondence from the Club Via email. **Please Circle YES/NO**

**Email Address:** \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ambulance Member No: \_\_\_\_\_

Private Health Insurance (if Applicable): \_\_\_\_\_ Member Ph: \_\_\_\_\_

Existing Medical

Conditions/Injuries/Allergies: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

Next of Kin (NOK) \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph. No. \_\_\_\_\_ Mob. No: \_\_\_\_\_

Emergency contact details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph. No: \_\_\_\_\_ Mob No: \_\_\_\_\_

CONSENT: I understand that the KDNA competition will be played under the rules as set by Kingston & Districts Netball Association in accordance with the Netball Victoria guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in playing netball. I authorise any official from Dolphins Netball Club involved in the KDNA competition in the event of any injury or illness to obtain on my behalf and at my expense, any medical assistance, treatment and transportation as deemed necessary.

INDEMNITY: Except where provided or required by law and such cannot be excluded, I agree that Dolphins Netball Club Inc. and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused whilst participating in the KDNA competition.

I have read understood and agree to the above terms. I warrant that the information provided is true and correct.

**Signed: (player)** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**(if over 18 years old)**

I have read, understood and agree to the above terms and I personally consent to apply this to my child. I warrant that all information provided is true and correct.

**Signed (Parent/legal guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**(if under 18 years old)**