



## REGISTRATION /INDEMNITY & CONSENT FORM

I hereby consent to the provision of the following information for St. Peters Netball Club Inc. records. St Peters Netball Club requires the information requested for use in relation to the Kingston and Districts Netball Association Inc. 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 St. Peters Netball Club Inc. upon reasonable notice.

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Existing Medical Conditions/Injuries/Allergies: \_\_\_\_\_

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

Next of Kin (NOK) \_\_\_\_\_ Ph. No. \_\_\_\_\_ Mob. No: \_\_\_\_\_

Emergency contact : \_\_\_\_\_ 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 St. Peters Netball Club Inc. 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 St. Peters 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)