



tooradin dalmore netball club

PLAYER MEMBERSHIP FORM - 2018

Player Details

Please circle: **Junior** / **Senior**

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (H) _____ (M) _____ (W) _____

Email: _____

NOTE: All correspondence from Tooradin-Dalmore NC will be via Email.

D.O.B.: ____ / ____ / ____

Age Group (Age of player as at 31st December in the playing year)

13 & Under **15 & Under** **17 & Under** **Seniors**

Position preference 1st _____ 2nd _____ 3rd _____

Where did you play last season and what level/grade? _____

Netball Vic. No. _____ Year Paid: _____ Club/Assoc. where paid: _____

If NOT PAID for current year, Netball Vic. Registration must be paid online prior to taking part in any training and/or matches. Further details will be provided about this during pre-season.

Emergency Contact (Parent / Guardian) Details (This section must be completed for ALL junior players)

Name: _____ Relationship to player: _____

Phone (M): _____ Phone (H): _____

Name: _____ Relationship to player: _____

Phone (M): _____ Phone (H): _____

PLEASE TURN OVER TO COMPLETE FORM DETAILS ➡

President

Kate Gillespie
(m) 0439 655 706
(e) kate.feehan@bigpond.com

Secretary

Carla Henriksen
(m) 0421 020 611
(e) tatey_79@hotmail.com



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Medical Details

Does the player have any relevant Medical Conditions?

YES

NO

(i.e. asthma, diabetes, epilepsy, migraines, heart conditions) If yes, please list details;

Does the player have any Allergies?

YES

NO

(please include allergies to drugs, medications, foods or other e.g. bee sting) If yes, please list details;

Does the player have any Injuries?

YES

NO

(both recent and pre-existing) If yes, please list details;

Does the player have any other relevant Medical History not listed above?

YES

NO

(both recent and pre-existing) If yes, please list details;

Does the player have Ambulance cover?

YES

NO

Declaration

In the event of an accident whereby immediate attention is required, I hereby give Tooradin Dalmore Netball Club Officials permission to contact an ambulance, doctor, or hospital if I am incapacitated or the parent/guardian cannot be contacted.

I agree to notify my Team Officials if any of the above Medical Details change **before** taking part in training or matches.

I agree that images and/or names of Tooradin-Dalmore Netball Club members, including myself, may be used for promotional purposes in any media including WebPages and social media such as Facebook.

I agree that my fees will be paid in full, or arrangements made with the Treasurer **before the 1st round** of the season and I am aware that if I fail to do so I will not be able to participate in matches until payment is made.

Signature: _____ Date: _____

OR (IF UNDER 18 YEARS OF AGE)

Parent/Guardian Name: _____

Signature: _____ Date: _____

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