



## 2012 WEST COAST NETBALL REGION FALCONETTES PROGRAM

The West Coast Netball Region is pleased to offer talented young athletes from both Wanneroo Districts and Joondalup Netball Associations the opportunity to participate in a skills-based development program.

- Eligibility:** To participate athletes must be Netball WA members and be registered to play at either Wanneroo Districts or Joondalup Netball Association in 2011 and aged 13 by 31 December 2012.
- Trial:** 13 November 2011  
8:30am – 12:00pm  
Wanneroo Districts Netball Association
- Trial Fee:** \$10.00 Payable on day
- Registrations Due:** Tuesday 27 September 2011
- Attire:** Netball skirt or shorts; white t-shirt (no club colours); hair tied back firmly; short nails, no jewellery.
- Bring:** 2 Water Bottles, Sunscreen, Hat, Healthy Snack, Weather Appropriate Clothing

### Injuries

Injuries sustained during the training sessions or outside of the training session must be reported to the Regional Officer in charge as soon as possible; an injury treatment strategy can then be discussed. Any athlete who is receiving medical treatment will require a written clearance from their doctor or physiotherapist before participating (Duty of Care).

### Photography

For promotional purposes athletes' names and images may be used.  
Please advise if you DO NOT wish your child's name or photograph to be published/used.

### IF YOU REQUIRE FURTHER INFORMATION PLEASE CONTACT:

West Coast Netball Region Administrator:

Charmaine McMahon

Phone: 9409 9705

Email: [westcoast.netball@bigpond.com](mailto:westcoast.netball@bigpond.com)

West Coast Netball Region Smarter than Smoking Development Officer:

Lyn Pemberton

Mobile: 0413 996 856

Email: [pem\\_6022@yahoo.com](mailto:pem_6022@yahoo.com)



## 2012 WEST COAST NETBALL REGION FALCONETTES TRIAL REGISTRATION

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

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

\_\_\_\_\_  
P/code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (mob)

Email: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Netball WA Affiliation Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

(Other than parent/guardian)

Emergency Contact Phone: \_\_\_\_\_

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

Any Medications: \_\_\_\_\_

### INDEMNITY:

I authorise any Regional official in charge of this Program, in the event of injury or illness, to obtain on my behalf, and at my expense, such urgent medical assistance, transportation, and treatment as deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return Registration Forms no later than **Tuesday 27 September** to:

West Coast Netball Region

PO Box 1561

WANGARA WA 6947

Fax: 9409 9707

Email: [westcoast.netball@bigpond.com](mailto:westcoast.netball@bigpond.com)