



NEWTOWN & CHILWELL



2016 PLAYER REGISTRATION FORM

NV ID/VNA (if known)		Positions	1.	2.
Player Name			Date of Birth	
Address				
Home Phone		Mobile		
Email				
Grade Trialling for:				
Current Club/ Team		Current Grade/Division		
Medical Conditions/ Current Injuries				
Emergency Contact Name		Relationship		
Home Phone		Mobile		

CONSENT: I 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 Newtown and Chilwell Netball Club in charge of Selections, 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 Newtown and Chilwell and its respective committee members and coaches are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the Selection Trials.

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

Signed (player): _____ Date: ____/____/____

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

Signed (parent/legal guardian): _____ Date: ____/____/____
(Where player is Under 18 years of age)

**Registration form is due to Jason Woolley by 5pm Friday 21st November:
jason.woolley@health.vic.gov.au**

Questions - contact Jason by email (above) or phone: 0419 155 799