

APPLICATION FOR MEMBER REGISTRATION



Phone (07) 5524 9225 Fax (07) 5524 7095

Email: secretary@tweednetball.com.au

Internet: www.tweednetball.com.au

ABN: 65 207 445 944

Type of Membership (please tick appropriate box)

- Playing Member
 Non-Playing Member

- Winter Competition
 Other: _____

Club Details

CLUB: _____ TEAM NAME: _____ AGE/DIVISION: _____

Personal Details

FIRST NAME: _____ MIDDLE NAME: _____
SURNAME: _____ DOB: _____ GENDER: M/F

Contact Details - Player

ADDRESS: _____
SUBURB: _____ STATE: _____ POST CODE: _____
PHONE (H) _____ (W) _____ (M) _____
EMAIL: _____

Contact Details - Parent/Guardian

FIRST NAME: _____ SURNAME: _____
PHONE No. _____

Ethnicity (please tick appropriate box)

- Aboriginal
 Torres Strait Islander
 Other: _____
Country of Birth _____

Other (please tick appropriate box)

- Disability, impairment or medical condition that may affect you playing netball.
Details: _____

Identification (MUST sight 1 of 3 options below)

BIRTH CERTIFICATE No. _____ PASSPORT NO. _____ COUNTRY: _____
DRIVERS LICENCE NO. _____

Qualifications:

- | UMPING | COACHING | OTHER |
|---|--|--------------------------|
| <input type="checkbox"/> National Badge
Level: _____
Other: _____ | <input type="checkbox"/> Accreditation
Level: _____ | <input type="checkbox"/> |

Declaration

By signing this form I declare that the above information is true & correct and I understand that the information will be added to the Netball Australia National membership database.

I have read and agree to abide by the Tweed Netball Association Inc. (TNA) By-laws and Codes of Behaviour & Conduct.

TNA often require photographs/video footage to be taken for use in publications, on the TNA website and/or by the media and affiliate organisations. I give my permission for TNA to reproduce my photographs/videos.

Member Signature

Parent/Guardian Signature

Parent/Guardian (Print Full Name)

Club Secretary/Registrar Signature

Club Sec/Registrar (Print Full Name)

____/____/____
Date

FOR CLUB USE ONLY:

Amt Paid: _____ Date Paid: ____/____/____ Receipt No. _____
Other details: _____

FOR OFFICE USE ONLY:

Amt Paid: _____ Date Paid: ____/____/____ Receipt No. _____
NMAS Member No. _____ Meeting Date: ____/____/____ Grade: _____
Membership Accepted/Declined (circle) Appeal: Y/N Appeal Date: ____/____/____

MEDICAL INFORMATION FORM

Member Name		Club	
Date of Birth	___/___/___	Medicare Number	
Medicare Expiry Date		Medicare number next to Members name	
Has the member been Immunised against Tetanus?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Last Tetanus Injection if known			
Do you have Ambulance Cover		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you belong to a Private Health Fund		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details: (Fund & Membership Number)			
MEDICAL AUTHORITY			
If a member requires medication to be administered then parents must complete a <i>Medication Authority Form</i> . All medication must be given to the Official in Charge. (Asthma puffers may be kept by the member if necessary).			
<ul style="list-style-type: none"> Is there any medical condition (past or present), which may affect the member while participating or prohibit the member from involvement. If yes, please attach comprehensive details if necessary. <p><i>(Please include details of any recent injury with last 2 months, that officials may need to be aware of, as well as a Medical Certificate of clearance if required; eg, concussion, sprains etc).</i></p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Does the member have any allergies, eg. Insect stings, food, plants? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Has the member been prescribed an Epipen? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Does the member wear a Medical Alert Bracelet? If yes, we request that your child wears it. 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the member suffer from (please tick):			
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Fits of any type	<input type="checkbox"/> Heart condition	
<input type="checkbox"/> Migraine	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other	
Please give details			
Does the member take any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details:			
<ul style="list-style-type: none"> Does the Member have asthma? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> If yes to asthma is the child prescribed medication that must be carried with them at all times. 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Does the Member wear glasses/contact lenses? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> I have provided further information (attached) relating to any other special needs/requirements relating to medical assistance that may or may not be required for the member. 		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Whilst I/we understand all possible care will be taken, in the event of any accident or illness, I hereby give permission for a Tweed Netball Association Official to obtain, for the member, all necessary medical assistance and agree to pay all doctor's fees and expenses incurred. I/we have made a voluntary choice for the member to participate in this activity and therefore, agree to assume any and all risks of injury or death which might be associated with or result from their participation in this activity. 			
I/We have read the above, declare it to be true and will notify the club and association of any change to the above.			
Signed			Date: ___/___/___
	Member & Parent/Guardian if under 18 years old		