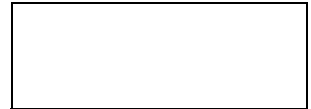


REGISTRATION FORM 2009



Please ensure that all details are correct prior to signing & returning to your club coordinator. (Please update any incorrect information)
Note: Indicate yes with a tick or a cross.

First Name		Last Name			
District Registration No.		Netball NSW Registration No.		Male/Female	M <input type="checkbox"/> F <input type="checkbox"/>
Address					
City/Suburb		State		Postcode	
Home Phone		Are you of Aboriginal or Torres Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you from a non-English speaking background? Yes <input type="checkbox"/> No <input type="checkbox"/> Do You have a disability? (to be used for statistical purposes only) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mobile Phone					
Work Phone					
NSW Netball mailing list Would you like to be on the NSW Netball e-mailing list in order to receive Netball news & updates via e-mail?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	E-mail Address	

Club	Waratah Leagues	Team		
Please circle	Code	Category	Code	Category
	11	18 Years & Over	24	11 to 17 Years
	26	8 to 10 Years	28	7, 6 & 5 Years
	13	Non Player	19	PWD Player
Non Player Type	Coach	Umpire	Scorer	Manager
	Other (please specify)			

Please see over for explanation of codes

Coaching Accreditation Code (see back of this form for code)		Umpire Accreditations (see back of this form for codes)	
-----------------------------------------------------------------	--	------------------------------------------------------------	--

Last Playing Level	Grade		Year	
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If Member 18 years of age or older

By signing this form, I agree to abide by the Association's Constitution, Member Protection Policy, Codes of Behavior, Anti Harassment Policy, Child Protection Policy, and Sports Injury Insurance Policy in effect during the year – (Contact Association to view these documents). I am aware of the risks of playing netball whilst pregnant. I am aware of the risks of playing netball with a pre-existing medical condition.

Member Signature:

If Member is under 18 years of age

As the Parent/Guardian signing this form on behalf of the Member, I agree to abide by the Association's Constitution, Member Protection Policy, Codes of Behavior, Anti Harassment Policy, Child Protection Policy, and Sports Injury Insurance Policy in effect during the year – (Contact Association to view these documents). I am aware of the risks of playing netball with a pre-existing medical condition.

Parent/Guardian Signature: Parent/Guardian Name: