



NELSON BAY NETBALL ASSOCIATION INC.
REPRESENTATIVE TEAM ACCEPTANCE & MEDICAL FORM

PLAYERS DETAILS

SEASON:		TEAM:	
NAME:		DOB:	
ADDRESS:			
HOME NUMBER:		MOBILE:	
EMAIL ADDRESS:			

EMERGENCY DETAILS

PARENT DETAILS 1:

NAME:	PHONE/MOBILE NUMBER:
ADDRESS:	

PARENT DETAILS 2 :

NAME:	PHONE/MOBILE NUMBER:
ADDRESS:	

EMERGENCY CONTACT (OTHER THAN PARENTS)

NAME:	PHONE/MOBILE NUMBER:
ADDRESS:	

I have read the Nelson Bay Representative Player Conditions and they are perfectly understood by me/us. I therefore agree to abide by same and understand my failure to do so, may automatically disqualify me from representing for the current season with the possibility of further disqualification.

I shall endeavour to uphold the standards, ideal and prestige of Nelson Bay Netball Association Incorporated.

SIGNED:	(PLAYER)	DATE:
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FOR PLAYERS UNDER 18 YEARS OLD:

Parents please read Representative Guidelines forms and sign.

I hereby agree that my daughter _____ shall abide by the Representative Player Conditions / Guidelines as set out by the Nelson Bay Netball Association Inc.

SIGNED:	PARENT 1
SIGNED:	PARENT 2 – IF APPLICABLE
<u>MEDICAL INFORMATION</u>	
MEDICARE NO.	NUMBER ON CARD:
PRIVATE HEALTH INSURANCE COMPANY	
PRIVATE HEALTH FUND NO:	DATE OF LAST TETANUS INJECTION:

ALLERGIES (If “yes” please detail below)

IF ON MEDICATION, PLEASE STATE TYPE AND ADMINISTERING INSTRUCTIONS:

FAMILY DOCTOR	PHONE NUMBER
ADDRESS OF DOCTOR:	
CONTACT WHILST AT CHAMPIONSHIPS	PHONE NUMBER

I / We the parents/guardians of _____ give permission to Nelson Bay Netball Association Inc. or their representative to authorise medical care on the abovementioned child if required.	
From _____ to _____	
Signed Parent/Guardian	Date
Witness	Date