

# Christian College Netball Club – Return this form to school.

If your child intends to play in the Spring Season please return the following registration form to Mrs. Sally Bishop by Friday June 15<sup>th</sup>.

Please print the details below.

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|--|--|
| Student's Name:  |  |
| Homeroom:  | Gender: Male <input type="checkbox"/> or Female <input type="checkbox"/> |
| Age: ( Student turns in 2012)  | Date of Birth:   |
| Home Phone number:   | Mobile number:   |
| Emergency Contact Name:  |  |
| Emergency Contact Number:  |  |
| Parent email address for Information – <b>please print clearly below</b> |  |
|  |  |

As a parent/guardian I understand and acknowledge that the sport of Netball does involve some degree of risk and that physical injury or death is a possibility when participating. I understand and accept the risks associated with Netball, and give permission for:

- My child to participate fully in any activity the coach/teacher asks of him/her.
- The coach, a parent or a teacher from Christian College to administer first aid as they deem necessary.
- The use of an ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgement it is necessary.

I understand that any medical or other costs incurred will be met by me.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Assistance

|  |
|--|
| Parents Name:  |
| I can assist the Christian College Netball Club as a (please tick):<br>Team Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Scorer <input type="checkbox"/> |

The collection of the above information is covered under the Christian College Privacy Policy, a copy of which is available from the office. The information gathered will be passed onto Kardinia Netball Associations and Netball Victoria for their use in administering the competition.