

**NETBALL AUSTRALIA / NETBALL TASMANIA  
(TASMANIAN NETBALL ASSOCIATION INC)**

ABN 62 028 131 759

Netball Membership No.
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**MEMBERSHIP FORM 2012**

**AFFILIATED ASSOCIATION :** **KINGBOROUGH NETBALL ASSOCIATION INC.**

**FirstName:** ..... **Surname:** .....

**Gender:** (please circle) **MALE / FEMALE** **Indigenous.**(Compulsory Please circle) **YES NO**

**Maiden Name:** (If change of name since previous registration) .....

**Date of Birth:** (players only 21 & Under) .....

**Address:** .....

..... **Post Code:** .....

**Mailing Address:** (If different from above).....

..... **Post Code:** .....

**Contacts:** (Home) ..... (Work) .....

(Mobile) ..... (Email) .....

**School** ..... **Grade**.....

**Membership:** (please tick/circle)

Senior Full

**Junior Full (17 & Under as at 31st December 2012)**

Official (coach, umpire, team manager other.....)

Netta / Fun Net/Net Set Go (10 & Under as at 31st December 2012)

Short Roster Senior (One Roster Only)

Short Roster Junior(One Roster Only)

Associate Senior (One Roster Only)

Associate Junior (One Roster Only)

Round Robin Roster

Netball Tasmania is collecting the personal information above for the purpose of registration (including insurance cover), distribution of newsletters, notices and general information of services offered. All registration information will be provided to Netball Australia. (Compulsory please tick one box)

I do not wish to receive any netball related information from Netball Australia

I wish to receive any other communication material from Netball Australia and its partners

**Signature:** .....

**Date:** .....

**Received by:** .....

(Association Representative)

**Date:** .....



## 2012 Medical Information

Doctor's Name: .....

Doctor's Telephone Number: .....

### Medical Condition

Further information or special instructions  
for emergency action

Epilepsy *Yes/No*

Fainting/dizzy spells  
(or sudden loss of consciousness) *Yes/No*

Heart Condition *Yes/No*

Diabetes *Yes/No*

Ear Disorder  
(particularly drainage tubes or deafness) *Yes/No*

Respiratory disorder  
(particularly asthma) *Yes/No*

Allergies (particularly insect bites,  
stings OR medication) *Yes/No*

Medication –  
Are you currently taking medication? *Yes/No*

Other relevant medical information

I authorise the Association to obtain Medical Assistance which is deemed necessary and agree to pay all medical expenses incurred.

Signature: ..... Date: .....

Parent's signature (if applicable): ..... Date: .....

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*For complete insurance cover all players must be members of Netball Tasmania.*

*Your KNA fees cover your affiliation to Netball Tasmania.*

*Your details will be provided to Netball Tasmania and Netball Australia.*

*All details will remain confidential within KNA and TNA/AANA.*

*However, from time to time we may run or participate in carnivals or promotions to increase the profile of our Association.*

**Do you give KNA permission for your child's name and photograph to be used for publication purposes on our web site or in official publications?**

**Yes / No**

Signature of Parent/Guardian ..... Date .....