**MITTA UNITED NETBALL CLUB**

2020 Junior Registration Form

**Player Details**

|  |  |
| --- | --- |
| **Name: ..................................................................................................** | **DOB: ...........................................** |
| **Home Ph: ............................................................................................** | **Mob: ............................................** |
| **Address: ......................................................................................................................................................** |
| **Town: ..................................................................................................** | **Postcode: ...................................** |
| **Email: ...........................................................................................................................................................** |
| **VNA #: .....................................................................................** | **Proof of Age Sighted (new junior only):** | **Y / N** |

**Parent/Carer Details**

|  |
| --- |
| **Name: ...........................................................................................................................................................** |
| **Home Ph: ...........................................................** | **Mob: ............................................................................** |
| **Email: ...........................................................................................................................................................** |
| **VNA #: ..........................................................................................................................................................** |

**Fees**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** | **Price** | **Amt Paid** |
| **Club Fee** | **Junior Player** | $50 |  |
| **VNA** | **Junior:** 11-17yrs(age at end of calendar year) | $58 | N/A |
| **Dress** | Size: Pant size: | $85 |  |
|  |  | **Total** |  |

**How to Pay**

All players, coaches, and team officials participating in the TDNA **must be registered with Netball Victoria and the TDNA** prior to the scheduled commencement of the first match they participate in. VNA fees are paid directly to Netball Victoria via the Tallangatta and District Netball Association. Please complete this process via <https://netball.resultsvault.com/common/pages/reg/welcome.aspx?type=1&entityid=45369&fl=1&id=36015>

**Other payments** are made directly to Mitta United Netball Club (see over). If you require extra time to pay your Club Fee and/or uniform please speak with a member of the Committee to discuss a **payment plan**. Failure to meet the early bird price or confirm a payment plan will result in a $10 per month increase being applied to your Club Fee.

**Please return registration documents to:** mittaunitednetball@hotmail.com, or deliver to your coach.

**PAYMENT BY DIRECT DEPOSIT ONLY (NO CASH)**

 Mitta United Netball Club

 BSB: 640 000

 Account: 1111 69 478

*Please quote player name as reference*

**TERMS & CONDITIONS**

I agree to abide by the Rules & Regulations and Code of Conduct as set out by the Mitta United Netball Club and Netball Victoria including my team’s obligations for umpiring, meetings, and canteen/gate duties (I understand that a penalty may be imposed if not adhered to).

In signing below I understand and agree to all of the above terms.

........................................................................ ...............................

 Signature (Parent/Guardian if under 18 years) Date

**MEDICAL CONSENT**

**AUTHORISATION & CONSENT OF PARENT/S OR LEGAL GUARDIAN/S**

I do hereby swear that I have legal custody of the aforementioned minor child.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), hereby grant my consent for Mitta United Netball Club representatives to:

 Administer general first aid, including approved medication, CPR, and Epi-Pen.

 Seek medical attention for the child, including contacting medical personnel and transporting the child to the necessary clinic or hospital

 Issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and administered by any licensed physician, surgeon, dentist, or medical personnel

This authorisation is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult/s, with the provided input of authorised medical personnel.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent/guardian)

**PHOTOGRAPHY CONSENT & RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), parent/official guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name), hereby grant permission to Mitta United Netball Club representatives to take and use photographs and/or digital images of my child for use in:

1. **Media releases, media articles** – including newspapers, radio, television – printed publications and/or educational materials.
2. **Electronic publications and communications** such as the club’s Facebook site and website.
3. **I agree that my name and identity may be revealed** in descriptive text or commentary in connection with the image/s.
4. **I authorise the use of these images without compensation to me**. All negatives, prints, and digital reproductions shall be the property of Mitta United Netball Club

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information Form

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Initial:** |
| DOB: | Age: | Gender: |
| Medicare #: | Private Health: | Ambulance #: |
|  |
| Date of Last Tetanus Immunisation: |
| Allergies: |
|  |
| Current Medical Conditions: |
|  |
| Regular Medications: |
|  |
|  |
| **Doctor/Clinic Name:** |
| Clinic Address: |
| Clinic Phone #: | Emergency Phone #: |
|  |
| **Parent/Guardian 1 Name:** |
| Address: |
| Home Phone: | Mobile: |
| Work Phone: | Email: |
|  |
| **Parent/Guardian 2 Name:** |
| Address: |
| Home Phone: | Mobile: |
| Work Phone: | Email: |
|  |
| **Emergency Contact Name:** |
| Address: |
| Home Phone: | Mobile: |
| Work Phone: | Email: |