

PLAYER PRE-REGISTRATION FORM

Privacy Statement:

- Your privacy is respected by us.
- The information you provide on this form will be used to provide services for you and for the purposes of registration, participation, team selection and insurance.
- Your information will be passed on to Netball Queensland and to the Insurer.
- Your information may also be shared with organisations associated with the sport of Netball, including but not limited to the Australian Sports Commission and Australian Sports Drug Agency.
- If you do not provide the information we may not be able to register you as a member.

Risk Warning:

- You should be aware that there are risks of injury associated with playing Netball, as there are with all sports.
- Risks will arise in the context of the activities of running, throwing the ball and body contact.
- While we aim to minimise these risks, it is not possible to eliminate them all.
- All insurances applicable to the membership are in effect only on receipt of all fees due. Therefore NO PLAYER CAN TAKE THE COURT UNTIL FULL PAYMENT IS RECEIVED.

Indemnity and Consent:

As a player I agree to:

- Attend all training sessions and games unless I have personally contacted my Team Manager and/or Coach;
- Respect and support my Coach and team officials;
- Treat all participants with respect and dignity;
- Represent A.B. Paterson College Netball Club with pride and good sportsmanship; and
- Accept all umpiring decisions without question.

I understand that the netball competition will be played under the rules as set by the governing Netball Association in accordance with Netball Queensland guidelines. I agree to abide by the A.B. Paterson College Netball Club Player/Parent Code of Conduct.

I also understand that netball is a limited contact sport and that there is a risk of injury involved in playing netball. I authorise any official from A.B. Paterson College Netball Club in the event of an injury or illness to me/my child, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary. Except where provided or required by law and such cannot be excluded, I agree that A.B. Paterson College Netball Club and its respective directors, officers, members or agents are absolved from all liability however arising from injury or damage caused, whilst participating in the governing Netball Association Competition. I am aware of the risks of playing netball with a pre-existing medical condition.

I have read, understand and agree to the above terms. The information I have provided is true and correct.

Player Name _____

Signature* _____ Date _____

* Parent / Guardian to sign for all players under 18 years

Payment Methods: Registration Fee 2017 - TBA
(\$100 Deposit is required to secure place for 2017 with final payment due February 2017)

Direct Deposit*

BSB: 034 292

Acc: 432117

Cheque / Money Order

A.B. Paterson College Netball Club

* Please include Direct Deposit reference: Initial, Surname & Birth Year of Player (e.g. A Smith 2015)