

1. Team Details:

Team	<input type="text"/>	Sport	<input type="text"/>
Day/Night	<input type="text"/>	Season	<input type="text"/>

2. Personal Details:

Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Phone No.	<input type="text"/>
		Email	<input type="text"/>

3. Emergency Contact:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone No.	<input type="text"/>	Relationship to player	<input type="text"/>

4. Medical Information

Known allergies?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please List:	<input type="text"/>
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Known medical conditions?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please List:	<input type="text"/>
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Declaration and Signature:

I declare that the information provided by me on this form is true and correct.

☐ YMCA program participants agree to adhere to centre conditions of entry. Conditions of entry and specific codes of conduct for program participation can be made available on request.

☐ To the extent permitted by law, the Centre shall not be held liable or responsible to you for any direct, indirect or consequential injury, loss or damage.

☐ I understand that photos may be taken by the YMCA for promotional purposes.

I meet the minimum age of 15 for senior competitions and/or I currently play senior netball at NENA Level.

Player Signature	<input type="text"/>	Date	<input type="text"/>
Parent/ Guardian Signature	<input type="text"/>	Date	<input type="text"/>

Office Use Only

SUBMIT FORM