

2012 REGISTRATION FORM

All fields MUST BE completed - Print all information clearly.

Players Name:

Address:

Email Address:

Mobile No:

Home Phone:

Date of Birth:

Age: (at 31st Dec. this year)

Past Grade:

Team:

Club:

Positions Played: 1:	2:
----------------------	----

School:

I give permission for my daughter:

to practice and play netball with D.R.S.L.N.C. and accept full responsibility. Coaches and Managers are only responsible for players during games.

- Players 13 years & over:**
1. You are required to sit for the Umpires Theory Exam
 2. You will be required to learn to umpire.

Parents & Guardians of girls under the age of 14 will be asked to assist in the Canteen at least once during the season, as well as assist with our fundraising events. You will be notified of these dates by the team Manager.



Permission Slip

Players Name

I hereby give permission for the above player to accompany the Davistown RSL Netball Club teams to sporting areas in such case travel will be by bus and /or private car. This permission is for the current year only. Junior and Netta players on every visit will be accompanied by netball officials. I realize that those in charge will take all care of them, however, I absolve the Davistown RSL Netball Club and officials from all responsibility.

Signed: _____ (By Parent/Guardian if player under 18)

Players Name: _____ Date _____

DRSLNC Rec. #	DRSL Membership #	Birth Cert Presented:	Photo Presented:
---------------	-------------------	-----------------------	------------------

2012 REGISTRATION FORM

Can you help the club by becoming:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a. COACH (full training available) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. UMPIRE (full training available) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Manager of a team | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. An assistant when fundraising | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Committee or executive member | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PLEASE SUPPORT YOUR TEAM BY ATTENDING THE MONTHLY CLUB MEETINGS HELD ON THE FOURTH MONDAY OF EACH MONTH AT 7.30 PM AT THE DAVISTOWN RSL CLUB, MURNA ROAD DAVISTOWN.

Thank you,

Davistown RSL Netball Club, Executive.

Privacy Statement:

The Davistown RSL Netball Club is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this Registration Form will be used to process your registration application. You have a right to access and correct any of your personal information the Netball Club holds about you.

Your information *will be* disclosed to the Gosford Netball Association for registration purposes. Your information *will be* disclosed to your coach and/or Manager for distribution throughout that team as they deem appropriate.

If you do not want your daughters or your own picture to be taken and used on our website or in newsletters please put in writing so that our committee is aware. Please address this letter to our secretary : Kate Fitzpatrick C/o Davistown RSL Club Murna Road, Davistown 2251.

As acceptance of the above statement, please sign:

Signature _____ Date: _____

Parent/Guardian (if under 18)