



HCSC NETBALL CLUB MEMBERSHIP FORM

Player Name:

DOB:

Address:

Home Phone:

Email Address:

VNA Number:

Mums Name:

Mobile Number:

Email Address:

Dads Name:

Mobile Number:

Email Address:

Medicare Number:

Ambulance Cover: YES / NO

PERMISSION TO PHOTO CHILD

I hereby do / do not give permission for my child _____ to be photographed whilst participating in any HCSC Netball Club activities.

_____ (Signature of Parent/Carer) _____ (Date)

MEDICAL CONSENT

Please indicate if your child is currently having medication for an ongoing condition and or if he/she has any serious illness and or allergies.

PLEASE NOTE : Although your child has VNA Insurance coverage this does not cover all costs that may be involved in acquiring the necessary medical attention and the HCSC Netball Club would not be held responsible for these costs.

STATEMENT BY PARENT OR GUARDIAN :

I hereby do / do not give permission for my child to receive the necessary medical attention required in the event of an accident or injury whilst participating in netball.

SIGNATURE (of Parent or Carer): _____ Date: _____