



GIDGEGANNUP NETBALL CLUB PLAYER REGISTRATION

2011

Players Name: _____

Date of Birth: _____ Current Grade at School _____

Parents/Guardians Name: _____

Address: _____

Home: _____ Mobile: _____

Email:(Please print carefully) _____

Previous Team/Club: _____

TRAINING DAYS

Please circle-preferred days for training:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TEAM PLACEMENTS

Is there any information that you wish to be considered when placing your child in a team?

PARENTAL/PLAYER ASSISTANCE

The Club is always in need of Coaches and Managers. Please indicate if you are able to assist with any of the following. GNC pay for Coach's Training and provide all equipment.

COACH ASSISTANT COACH TEAM MANAGER SCORER

FIRST AID

Does your child have any Allergies or Medical Conditions?

PHOTOS

Photos of Teams/Players may be published in local papers/Gidgegram/Websites, please sign if you **DO NOT** wish to have your child's image used. _____

NEWSLETTERS / Club Information

Would you like to have the GNC Newsletter or club information emailed to you? YES / NO

CLUB UNIFORM

Parent/Guardian - Please Sign acknowledging responsibility for the GNC Shirt.

I understand the shirt belongs to Gidgegannup Netball Club and will be returned on the last playing date to the Team manager.

If lost or damaged a shirt replacement fee of \$25.00 will be paid in full to the Club.

Signature _____

OFFICE USE ONLY

REGISTRATION RECEIPT No: _____ AMOUNT RECEIVED: _____

WA NETBALL NO _____ CASH/CHEQUE