



CAULFIELD BEARS

FOOTBALL & NETBALL CLUB Inc.

2019 - NETBALL PLAYER REGISTRATION FORM

SECTION 1 – PERSONAL DETAILS

Name: _____

Address: _____

_____ P/Code: _____

DoB: _____ / _____ / _____ (dd/mm/yy) VNA Number: _____

Have you renewed your VNA registration for 2019? Yes/No

Tel. No's _____ (M) _____ (H)

Email Address: _____

Medicare No: _____

Are you a member of Ambulance Victoria? Yes / No

Do you have Income Protection Insurance? Yes / No

Do you have private health insurance? Yes / No

If 'Yes', please provide name of insurer _____ and your member/policy number _____

Do you have any allergies? Yes / No

If 'Yes', please provide details: _____

Do you take any regular medication? Yes / No

If 'Yes', please provide details: _____

Do you use any visual or hearing aids? Yes / No

If 'Yes', please provide details: _____

Have you had any surgical operations? Yes / No

If 'Yes', please provide details: _____

Do you have any pre-existing ailments? Yes / No

If 'Yes', please provide details: _____

In the case of a medical or other emergency, whom do we contact:

Emergency Contact # 1: _____ (Tel. No. _____)

Emergency Contact # 2: _____ (Tel. No. _____)

SECTION 2 – MATCH SUBSCRIPTION FEES

Our Player Membership Fee for all netball players for season 2019 will be \$300 (incl. GST) per player. This fee can be paid by cash or credit card.

Payment of this fee is due upon registration and no later than prior to the first game of the season. ‘Unfinancial’ players will not be eligible to play in any match.

These fees assist the Club to fund our netball program (such as the costs for netball equipment, SFNL affiliation fees, umpires fees, court rental charges, player uniforms, etc).

All netball players will be supplied a club-owned netball dress at no cost to the player for use during the season and we ask players to care for this property (eg: wash the garment after each wear). The garment remains the property of the club at all times and must be returned at the conclusion of the season.

SECTION 3 – PRIVACY

The Caulfield Bears Football & Netball Club (CBFNC) will collect, store & use this personal information so it may provide limited medical assistance to the player should an injury be sustained and, for whatever reason, it may need to know this information or relay this information onto another party so appropriate medical assistance can be provided.

CBNFC will, at all times, observe the confidential nature of the information provided however, if needed, it will disclose this information to another organisation(s) or person(s) where it believes it is necessary to assist in the provision of medical assistance to the player.

CBNFC will, at all times, use its best endeavours to obtain your consent or the consent of the person(s) nominated as the Emergency Contact (as stated previously in this document) before disclosing this information however if it is not possible or reasonably practical that such consent be obtained, it may disclose this personal information to another organisation(s) or person(s) without such consent. This information will only be conveyed to another party in an emergency situation.

By signing this document, the player agrees to:

- the collection, storage and use of your personal information; and
- a photographic image of you to be posted on the club’s website &/or other publication &/or social medium produced &/or managed by the club.

SECTION 4 – INSURANCE

All registered players will be covered by Netball Australia’s Risk Protection Program which has been arranged by Willis Australia. Brief details of the Player Accident section of this insurance program are shown below and for further information relating to this insurance program or a copy of the policy document(s), please visit www.willisnetball.com.

What is the scope of cover?

This insurance cover applies when members and other insured persons/entities are involved in activities that are sanctioned by Netball Australia and all State/Territory Associations. These activities include organised club competitions, coaching clinics, official events, playing, training and trialling, fundraising activities and travel to and from these activities.

What is covered?

For details of Netball Australia’s Risk Protection Program, please visit www.willisnetball.com.

SECTION 5 – STATEMENT & DECLARATION

In completing this form, I agree to:

- abide by the terms of the Rules and By-Laws of the Southern Football Netball League.
- observe and obey these Rules and By-Laws and be bound by all rulings made by or with the authority of the Southern Football Netball League that relate or apply to me.
- abide by the terms of the Caulfield Bears Football & Netball Club’s policies and Code(s) of Conduct as implemented from time to time.

I understand and accept the risks associated with playing and training for netball and understand that by participating in a game or training session I have accepted voluntarily all and any risks associated with playing sport on the playing surface and its adjacent areas (including change-rooms and social rooms) and the associated equipment.

I consent to the provision of medical treatment by a duly-qualified sports trainer &/or similarly accredited person (if available) and the transfer to another medical facility where deemed necessary by a duly-qualified sports trainer &/or similarly accredited person &/or official of the club.

I understand the club will make its best efforts to contact a person nominated as an Emergency Contact on this registration form but if these attempts are unsuccessful I further understand a decision may be made by a duly-qualified sports trainer &/or similarly accredited person &/or official of the club to arrange my transfer to another medical facility.

I agree to pay the costs associated with any medical treatment (including costs associated with the transfer to another medical facility) for injuries &/or illnesses sustained by me in participating in the sport of netball (including training and socialising) and will not expect any financial assistance from the club in meeting these costs.

I further agree to pay all costs associated with my transfer to another medical facility (such as but not limited to ambulance fees) and will not expect any financial assistance from the club in meeting these costs.

