



Flames Registration Form

Bendigo Northern Flames Junior Netball Club Inc.

Po Box 231, EPSOM VIC 3551

Email: flamesjnc@gmail.com

Inc.A0062235U

**** one registration per player**

Applicant Details	Full Name :				
	D.O.B :				
	Home Phone:				
	Postal Address:		(Suburb)	(State)	(Postcode)

Family Details	Parent Contact Name :				
	Home Phone :				
	Mobile (s) :				
	Email address :				
	Do you have first aid quals?		Yes/No	Details:	

We would love you to help us out with, any of the below, would you be interested?		
Coaching	Yes / No	
Managing	Yes / No	
Other	Yes / No	

Registration Selection <small>(Please circle)</small>	Grade 3 (Beginners) \$167.00	Section 1 – 4 (Secondary) \$197.00 Non Player Membership \$20.00
	Please circle: Grade 4, Grade 5, Grade 6 or 13U \$177.00	

Team previously played for:

Name one player you would like to play with this year:

OFFICE USE Payment Options	<input type="checkbox"/> Dress Total Payment \$	<input type="checkbox"/> Fee Total Payment \$	Total Payment \$
	<input type="checkbox"/> Dress Hire \$	<input type="checkbox"/> Fee Part Payment \$	
	(Cash / Eftpos / Direct Credit)		



Flames Authorisation Form

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I, the undersigned, give my consent to the above-named person to play netball with the Bendigo Northern Flames Junior Netball Club.

I approve of the above application and in doing so agree that the BNFJNC and its coaches and assistants shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the player whilst playing, training or travelling to and/or from locations associated with the BNFJNC.

I further authorise you to obtain medical/ambulance assistance when it is impracticable to communicate with me in the case of accident or emergency involving my child and I agree to bear all costs thereby incurred.

Player Name:(Please Print)

Parent Signature / Guardian:

Parent / Guardian Name: (Please Print)

Date: / / 2015

Committee Contact Details

Gill Davey	President	0488 010 369
Alicia Jefferis	Vice President	0408 363 274
Marijke Harrison	Secretary	0418 317 422
Christine Thompson	Treasurer	0407 685 587
Lauren Swatton	Registrar	0438 430 118
Josie Geddes	Uniform Officer	0409 703 964
Janelle Hobbs	Coaches Convenor	0421 320 451
Sherrie McGavock	Sponsorship / Fundraising	0413 875 249
General Committee	Kris Triplett, Kaitlyn Gedye, Zenda McConnell	



Flames Electronic Media Permission Form

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Please tick, sign and return to Flames Netball Club as soon as possible.

I..... (print name) give permission

for my child (print name) to have:

- video digitally taken and electronically transmitted to our website or Facebook page.
- their photo shared on our Club website or Facebook page for public viewing.
- their digital images (still or video) to be used by the club for promotional purposes eg. TV, newspaper, etc.
-

.....(signed)...../...../..... (date)



Flames Medical History Form

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<i>Personal Details</i>			
First Name:		Surname:	
Address:			
Telephone:		Mobile:	
Date of Birth:			

<i>Emergency Contact</i>			
First Name:		Surname:	
Address:			
Telephone:		Mobile:	
Relationship:			

<i>Health Care Details</i>			
Doctor:		Telephone:	
Ambulance Cover	Yes / No **Please Note: BNFJNC will call an ambulance if deemed necessary, regardless of whether you have cover or not**		
Health Fund:		Member Number:	

<i>Medical Details</i>
Please list any medical conditions that you may have (eg. Asthma, allergies)
Please list any regular medications you use, including dosage:
Do you wear protective equipment (eg: mouth guard)
Have you ever had a head, neck, back or spinal injury ? If yes, please provide details:

To the best of my knowledge, all information contained on this form is correct (If under 18 please have a Parent or Guardian sign)

Signature : _____ (Parent / Guardian) Date: _____