**SAINTS NETBALL CLUB DUBBO**

**2022 REGISTRATION FORM**

**PLAYER DETAILS**

**SURNAME** ……………………………………………..……………… **FIRST NAME** ……………………..……………….…………….….…………..…

**MAIDEN NAME** …………………………………..…….….…… **DATE OF BIRTH** ………/………/………… **AGE THIS YEAR …………….**

**POSTAL ADDRESS**………………………………………………………..………………………………………………………………………....…………….

**POSTCODE** …………....….…. **HOME PH** ……………………….…………………..… **MOBILE PH** …………………………………………………

**EMAIL** ……………………………………………………………………………………………………………………………………………………………..…….

**SCHOOL & YEAR** …………………………………………………………………………….………………………….

**TEAM DETAILS**

**TEAM NAME**……………………….………………………………………………………….…**TEAM GRADE/AGE** ……………………………………

I accept the decision of the committee in relation to team placement and the policies and procedures as set out in the Saints Policy & Procedures Manual [www.saintsnetballdubbo.com](http://www.saintsnetballdubbo.com)

Player please sign …………………………………...………….. Parent please sign…..……….….….………………………… \_\_\_/\_\_\_/20\_\_\_\_

(If player under 18 years of age)

**Previous Netball Experience (if relevant)**

**Last Year Played:\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_ Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assoc:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDIA PERMISSION**

I hereby agree to give permission to be photographed and full name to appear on television, in the newspapers, on the internet or other media for the purpose of promoting Saints Netball Club and/or Dubbo Netball Association activities.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**UMPIRING**

In relation to umpiring commitments (players 12 years or higher only):

|  |  |
| --- | --- |
|  | I nominate myself to umpire for 20\_\_\_\_ |
|  | I do **not** wish to umpire |
|  | I wish to develop my umpiring skills in 20\_\_\_\_ |

I am aware that I have a responsibility to fulfil the umpiring commitment allocated to me by Saints Netball Dubbo and Dubbo Netball Association. I understand that a fine of $50 per team per game and/or loss of competition points may apply if I fail to carry out my umpiring duties.

Player please sign …………………………………...………….. Parent please sign…..……….….….………………………… \_\_\_/\_\_\_/20\_\_\_\_

(If player under 18 years of age)

Umpire Payment Details:

Account Name……………………………………………………... BSB…………………………… Account Number……………….………………………..

**CLUB USE ONLY**

**Payment Details**: Online/Cash/Cheque **Receipt No**:………………….……………………………………………………

**Team Sheet signed** Yes/No If no, Signature Labels signed & attached? Yes/No

**Working With Children Check Number** *(if applicable)* **……………………………………………………………….**

**Proof of Age provided** *(new players only)* Yes/ No **POA Details ……….**…………………………………………………

*(All new players aged 16years or younger are required to produce proof of age documentation at registration eg. Birth certificate or passport)*

**Contact us:** [**www.saintsnetballdubbo.com**](http://www.saintsnetballdubbo.com) **or** [**saintsnetballclubregistrar@gmail.com**](mailto:saintsnetballclubregistrar@gmail.com)