



**MANNUM ROOS NETBALL CLUB INC.**

**Junior Registration Form 2012**

**(Page 1)**

**NAME:**.....

**AGE:**.....

**D.O.B:**..... **YEAR LEVEL:**.....

**HOME ADDRESS:**.....

**EMAIL ADDRESS:**.....

**(PLEASE NOTE, EMAIL IS THE CLUB'S PREFERRED METHOD FOR NEWSLETTER COMMUNICATION)**

**PHONE:**.....

**MOB:**.....

**EMERGENCY PHONE CONTACT:**.....

**PARENT CONTACT:**.....

**HAS CHILD PLAYED BEFORE? (YES / NO)**

**IF SO LAST SEASON PLAYED & NAME OF TEAM/CLUB**

.....

**\*\*\*\*\* PLEASE COMPLETE NEXT PAGE \*\*\*\*\***





# MANNUM ROOS NETBALL CLUB INC.

## Player Medical Form (Page 1)

# ATHLETE MEDICAL PROFILE - PERSONAL RECORD

*All Information On This Sheet Is Confidential.*

*Access to this sheet is limited to the Recorder, Medical Professionals, Team Manager, and Coach.*

**THIS INFORMATION IS VITAL SHOULD A MEDICAL EMERGENCY OCCUR  
AND A HEALTH PROFESSIONAL BE REQUIRED TO ADMINISTER ANY TREATMENT.**

### PERSONAL DETAILS

SURNAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

### HEALTH CARE DETAILS

MEDICARE NUMBER \_\_\_\_\_

PRIVATE HEALTH INSURANCE \_\_\_\_\_

DOCTOR \_\_\_\_\_

CAN DOCTOR BE CONTACTED AT ALL TIMES? YES NO

PRIVATE DENTIST \_\_\_\_\_

CAN DENTIST BE CONTACTED IN EMERGENCY? YES NO

**PLEASE COMPLETE CURRENT MEDICAL HISTORY SECTION**

