



MANNUM ROOS NETBALL CLUB INC.

Senior Registration Form 2012
(Page 1)

NAME:.....

AGE:.....

D.O.B:.....

HOME ADDRESS:.....

EMAIL ADDRESS:.....

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

PHONE:.....

MOB:.....

EMERGENCY PHONE CONTACT:.....

HAVE YOU 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

