

NETBALL QUEENSLAND REGIONAL ACADEMY 2012 TRIAL NOMINATION FORM



PLEASE COMPLETE ALL SECTIONS OF THE FORM

Name		
Address		
Suburb	Postcode	Height (cm's)
Association	DOB / /	
Phone	Mobile	
Email		
Preferred playing positions: (1)		(2)

Socio-Demographic Information

- Indigenous (Aboriginal/Torres Strait Islander)
 Maori
 Pacific Islander

Netball Queensland Region

Please select the Region you wish to trial for: (Trial dates will be displayed on the Netball Qld website):

- | | |
|---|---|
| <input type="checkbox"/> Marlin Coast | <input type="checkbox"/> Brisbane North |
| <input type="checkbox"/> Magnetic North | <input type="checkbox"/> Brisbane South |
| <input type="checkbox"/> Whitsunday | <input type="checkbox"/> Brisbane East |
| <input type="checkbox"/> Capricorn | <input type="checkbox"/> Brisbane West |
| <input type="checkbox"/> Widebay | <input type="checkbox"/> Golden South |
| <input type="checkbox"/> Suncoast | <input type="checkbox"/> Darling Downs |

*Please attach 4
Passport photos
to Nomination
Form*

Trial Payment: \$33.00(Inc. GST) This document will be a tax invoice for GST when fully completed and you make a payment – retain copy. **TAX INVOICE** ABN 58 429 487 881

Payment details: Visa MasterCard Money Order Cheque (made out to Netball Queensland)

Credit Card Number: _____ Expiry Date: __ / __

Name on Card: _____

Signature: _____

I hereby declare the above information is correct and authorise Netball Queensland and its employees to act on my behalf should I require medical attention. I hereby release Netball Queensland from all/any liability for any injury I incur at the trials. I give permission for any photographs/ videoing taken of myself for the Ergon Energy Netball Academy to be used by Netball Queensland for archival, educational and promotional purposes only. I also understand that if selected I will be required to pay an additional levy to be part of the program.

Signature (Athlete): _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____

PAYMENT IS TO BE MADE PRIOR TO THE TRIALS - NO MONIES WILL BE TAKEN ON THE DAY OF TRIALS

Please return Nomination Form and Medical Form to:

**Regional Operations Coordinator
Netball Queensland
PO BOX 50 Moorooka 4105**

CLOSING DATE: WEDNESDAY PRIOR TO TRIAL DAY

Medical History Form

All information on this form is confidential.

Athlete Name: _____

Emergency Contact

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (Mb) _____

Health Care Details

Medicare Number _____ Private Health Insurance: Yes No Fund _____

Do you have Ambulance cover Yes No

Private Doctor: _____ Phone: _____

Address: _____ Suburb: _____ Postcode: _____

Private Dentist: _____ Phone: _____

Address: _____ Suburb: _____ Postcode: _____

Medical History

Have you completed a full medical screening in the last 12 months? Yes No

What date did you complete this medical screening? _____

Who was the treating physician? _____

Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to:

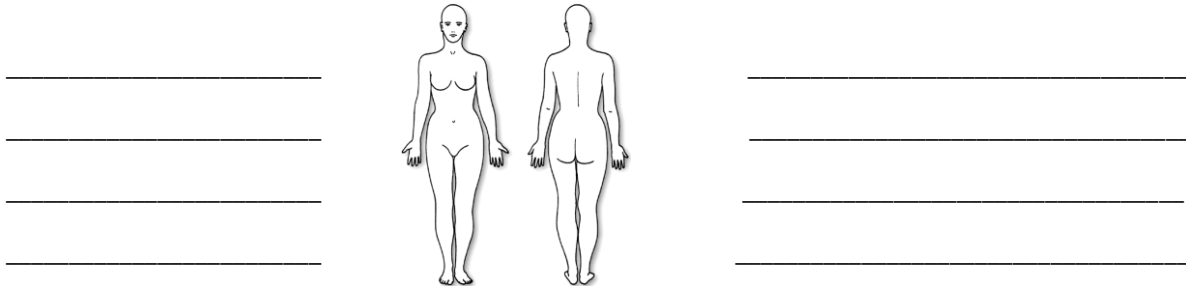
- *Asthma
- *Diabetes
- *Epilepsy
- *Spinal Injuries
- *Arthritis

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify Netball Queensland of prior to trialing? Please also notify us if this affects your performance
If so, please provide details here:

.....
.....

Sports Injuries

Please circle any area/s that injuries have been sustained in the last 2 years: For each injury, please state the Type of Injury (e.g. dislocation, strain, tear, fracture) approx date of injury and treatment received (e.g. physio, surgery)



Further information: _____

To the best of my knowledge, all information on the form is correct (If under 18 please have parent or legal guardian sign)
Signature _____ Date: _____