



BRISBANE SOUTH REGION JUNIOR CLINIC REGISTRATION FORM 2009

Name	
Association	DOB
Phone	Mobile
Email	

**Payment: \$10.00 payable prior to commencement of clinic on November 15th, 2009
or Post Registration Form & Chq or Money Order to:**

QNA Brisbane South Branch Inc., P O Box 1341, Springwood Qld 4127

Email: brisbanesouthregion@gmail.com

Your booking is not confirmed until payment has been received

Payment details: (Please circle) **Cash / Cheque / Money Order** (made out to QNA Brisbane South Branch Inc.)

I hereby declare the above information is correct and authorise Qld Netball Association Brisbane South Branch Inc. and its employees to act on my behalf should I require medical attention. I hereby release Qld Netball Association Brisbane South Branch Inc. from all/any liability for any injury my son / daughter may incur at the clinic. I give permission for any photographs/ videoing taken of my son / daughter at the clinic to be used by Qld Netball Association Brisbane South Branch Inc. for archival, educational and promotional purposes only.

Signature (Parent/Guardian): _____

Date: _____

All information on this form is confidential.

Emergency Contact for Clinic Day

Name: _____ Relationship: _____

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

Health Care Details

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 Qld Netball Association Brisbane South Branch Inc. of prior to participating in this clinic?

If so, please provide details here:

.....
.....

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: _____

REGISTRATIONS CLOSE: NOVEMBER 12th, 2009