



Gosford Netball Association Inc

PO Box 1143 Gosford
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www.gosfordnetball.com.au

President: L Simpson
Secretary: L Phillips

ABN: 32 263 572 025

APPLICATION - PLAYER

Night Inter-district

PLEASE PRINT (**Mandatory Fields)

NAME:** _____ HOME NO: _____

EMAIL ADD:** _____

ADDRESS: _____ MOBILE NO:** _____

_____ Post Code _____ D O B: ** _____

Position 1 _____ Position 2 _____

Previous playing experience — Please list the last three seasons of experience eg State, Academy, Association

Representative, School Representative or Club experience

YEAR PLAYED DIV PLAYED STATE/ACADEMY OR ASSOCIATION TEAM PLAYED IN

1 _____

2 _____

3 _____

If Selected, I give consent to be given any medical attention that the Coach/Team Manager may deem necessary.

Medicare No: _____ Special Medical Needs: _____

Players Signature: _____ Date: _____

Parents Consent (if player under 18 years of age)

Signature: _____

Name of parent _____ / _____ / _____