



**Health Partners Wildcats Netball Club  
2010 Winter Nomination Form**



19 Grand View Dr, Seacombe Heights, SA 5047  
[www.adelaidewildcats.com.au](http://www.adelaidewildcats.com.au)  
[netball@adelaidewildcats.com.au](mailto:netball@adelaidewildcats.com.au)

Please complete trial form and post to arrive no later than **MONDAY 15<sup>TH</sup> FEBRUARY, 2010**

*Trialing does not guarantee selection in a team*

**ALL FIELDS MUST BE COMPLETED**

<b>GRADE</b> <i>(please circle)</i>	<b>Senior</b> 1992 or earlier	<b>Intermediate</b> 1993 - 1994	<b>Junior</b> 1995-1996	<b>Sub-Junior</b> 1997-1998	<b>Primary</b> 1999-2000	<b>Sub-Primary</b> 2001-2002
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**PERSONAL DETAILS**

<b>NAME:</b>						
<b>D.O.B.:</b>	/	/	<b>EMAIL:</b>			
<b>ADDRESS:</b>						<b>PC:</b>
<b>PHONE:</b>	(home)	(mobile)		(work)		
<b>EMERGENCY CONTACT DETAILS</b> <i>(where player is under 18yrs, Emergency Contact MUST be a parent/caregiver):</i>						
<b>NAME:</b>						<b>RELATIONSHIP:</b>
<b>PHONE:</b>	(home)	(mobile)		(work)		
<b>EMAIL:</b>						

**PLAYING DETAILS**

<b>PREFERRED POSITIONS</b>			
<b>1:</b>	_____	<b>2:</b>	_____
<b>3:</b>	_____		
<b>MOST RECENT NETBALL EXPERIENCE:</b>			
<b>YEAR</b>	<b>CLUB</b>	<b>GRADE</b>	<b>ASSOCIATION</b> <i>(AMND, City Night, SAUCNA, School etc)</i>

**ALLERGIES / MEDICAL INFORMATION**

<b>Condition</b>	<b>Symptoms</b>	<b>Treatment</b>



### UNIFORM

- |  |      |  |      |  |      |
|--|------|--|------|--|------|
| <input type="checkbox"/> Bodysuit<br><i>(inc. socks &amp; hair ribbon)</i> | \$95 | <input type="checkbox"/> Jacket              | \$85 | <input type="checkbox"/> Club Socks          | \$10 |
| <input type="checkbox"/> Scarf   | \$15 | <input type="checkbox"/> Beanie              | \$5  | <input type="checkbox"/> Scarf & Beanie pack | \$18 |
| <input type="checkbox"/> Sports Bag  | \$30 | <input type="checkbox"/> Polar fleece jacket | \$40 | <input type="checkbox"/> Training tank       | \$20 |

Name on bag \_\_\_\_\_

### PAYMENTS (trial fee \$100 – will be deducted from season fees if selected in a team. \$50 non-refundable if player selected and withdraws)

I enclose my trial fee / uniform payment by way of:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cheque/Money Order<br><i>(made out to Adelaide Wildcats Netball Club)</i> | <input type="checkbox"/> Internet Transfer <i>(pls incl copy of receipt)</i><br><b>BSB: 105-093 Acct: 355047040</b> | <input type="checkbox"/> Cash <i>(please do not post cash)</i> |
|--|---|--|

Fees: \$ \_\_\_\_\_

Uniform: \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

### ASSISTANCE

During the 2010 winter season, would you or a parent/relative/friend be interested in assisting with coaching, umpiring or team management?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- |                                   |                  |   |                  |
|-----------------------------------|------------------|---|------------------|
| <input type="checkbox"/> Coaching | Age/Grade: _____ | <input type="checkbox"/> Team Mgt         | Age/Grade: _____ |
| <input type="checkbox"/> Umpiring | Age/Grade: _____ | <input type="checkbox"/> How often (ump): | _____            |

### CONSENT TO USE NAME / IMAGE

I **give / do not give** consent for **my / my daughter's** name and image to be used by the Adelaide Wildcats Netball Club on the website, newsletters and other club related material.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS COMPLETED FORM & TRIAL FEE BY MONDAY 15<sup>TH</sup> FEBRUARY 2010 TO:**

**Post:** 19 Grand View Dr, Seacombe Heights, 5047  
**Email:** [netball@adelaidewildcats.com.au](mailto:netball@adelaidewildcats.com.au)

### COMMITTEE USE ONLY

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