

NORTHERN STARS VOLLEYBALL CLUB INDIVIDUAL MEMBERSHIP RECORD AND REGISTRATION INFORMATION 2021

Full Name (print):	
Gender:	☐ Male ☐ Female
Email (print):	mail address you view regularly as this will be the primary method of contact from the club)
Address:	mail dedress you view regularly as this will be the primary method of contact from the diab;
Suburb:	Post Code:
Mobile Phone:	
Date of Birth:	
(NB: Players under 18	as at 31/12/2021 – Parent / Guardian must also sign the bottom of the page
Are you interested	in coaching for Northern Stars VC? ☐ YES ☐ NO → Current Coaching Level:
	cal conditions / allergies that require medication or any relevant injuries? YES NO le details as well as any action or activity modification required)
Emergency Contact	Name: Relationship: Mob Ph:
TRIALS ONLY:	Preferred Position/s Grading Number:
COMPULSORY (p ☐ By ticking this (attached to this Re	box I agree to the Terms & Conditions set out by the club for the 2021 season
	or any images (photographs / videos) taken of me to be published on the Northern Stars ok page or any other public forum where the club decides to promote the image.
□ I wish to receive	tick to opt in) promotional and/or marketing material from our sponsor Warwick Workout (via email) promotional and/or marketing material from our sponsor The Greenwood Hotel. This allows you ood Hotel Loyalty Card (5% discount for all meal & drink purchases)
I hereby agree that a	all the information supplied by me in the above document is true and correct.
Athlete's Name:	Signature
TO BE COMPLE	TED FOR UNDER 18 ATHLETE'S ONLY
l,	, (Parent / Guardian) of (circle one) (Athlete's Name)
agree that all the ir	(Circle one) (Athlete's Name) Information supplied in the above document is true and correct.
Parent / Guardian Na	ame:Signature
Parent / Guardian M	lob Ph: Email: