



Non-Member / Casual Member Form

Player's Name: _____

Date of Birth: _____

Address: _____

Tel: _____

Email: _____

Are there any health issues we need to be made aware of:

I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.

Signed: _____ Date: _____

Print Name: _____

Received by: _____

Signed: _____ Date: _____

IMPORTANT:

(Please read, complete, sign the attached member Data Usage Consent form before submission)