



VICTORIA UNIVERSITY NETBALL ACADEMY 2017 - REGISTRATION & MEDICAL FORM

The Victoria University Netball Academy (VUNA) was developed to address the deficit of sport development and competition opportunities for young female athletes in Melbourne's West. This program is linked to University strategy in becoming world renown in the field of sport, exercise and active living.

The program is targeted to athletes who are yet to register with other development programs and/or state and national sporting organisations or institutes of sport. Athletes are encouraged to participate in regular club/association competition in conjunction with their selection in the academy.

Please ensure that you complete all aspects of this application form.

This information is collected, stored and destroyed in accordance with Victoria University Privacy Policies.

A. PERSONAL DETAILS

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____ POST CODE: _____

HOME PHONE: _____ MOBILE: _____

DOB: _____ VNA NO: _____ MEDICARE NO: _____

EMAIL (all correspondence will be via email): _____

ASSOCIATION: _____

AGE GROUP:	THIRTEENS (must be born in 2004)	FIFTEENS (born in 2002, 2003)	SEVENTEENS (born in 2000, 2001)	NINETEENS (born in 1998, 1999)
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WERE YOU A PARTICIPANT OF THE VU NETBALL ACADEMY IN 2016?

B. EMERGENCY CONTACT

FIRST NAME: _____ SURNAME: _____

RELATIONSHIP TO YOU: _____ MOBILE: _____

HOME PHONE: _____ WORK PHONE: _____

C. CULTURAL BACKGROUND

Are you Aboriginal or Torres Strait Islander? No Yes, Aboriginal Yes, Torres Strait Islander

D. TWO PREFERRED PLAYING POSITIONS & PLAYING INFORMATION

Position 1 P Position 2 Height (cm) Highest level played:

E. UNIFORM DETAILS

Please complete to the best of your ability. This information will be used if you are selected in the program.

Polo Size Hoodie Size Singlet Size

F. MEDICAL HISTORY

PRE EXISTING CONDITIONS (Please tick if you suffer any of the following)

Asthma	Black Outs	Migraines
Heart Condition	Dizzy Spells	Fits of any type (Please list): _____
Diabetes	Other (Please list) _____	

F. MEDICAL HISTORY Continued...

2. ALLERGIES (Please tick if you suffer any of the following)

PENICILIN

Other Medication (Please list): _____

FOODS (Please list): _____ Other (Please list) _____

3. TETANUS

YES

NO

If known, when was your last immunisation. YEAR: _____

4. CURRENT MEDICATION

Are you currently taking any form of medication?

YES

NO

If yes, please state TYPE: _____ If yes, please state DOSAGE: _____

5. MAJOR ILLNESS/ INJURY (Please indicate any other information relevant to your well-being)

eg. Broken Collarbone (2004) _____

6. OTHER (Please indicate any other information relevant to your well-being)

eg. Special Dietary Requirements _____

H. MEDIA

H.1 I agree to make myself available where possible to assist with media interviews or photo shoots as approved by VU Sport.

H.2 I authorise VU and VU Sport to take photographic and or video recordings of me and to use, publish, reproduce such information and disclose photographs of me (personal information) in its publications, promotional and marketing material on its website.

H.3 I authorise VU and VU Sport to edit, modify and change such images and recordings as it sees fit and:

H.4 Provide such information, quotes, images and recordings to third parties who may use, publish, reproduce, edit, modify and change them in accordance with this agreement.

I. ACKNOWLEDGEMENT AND AUTHORISATION

I acknowledge that VU Sport strongly recommends that I take out Private Health, ambulance cover and other insurance to cover me for medical and like expenses arising out of any injury or illness I may suffer whilst a member of this program.

I.1 I agree that VU Sport is not responsible for medical and like expenses in Australia or for any loss of income arising out of any injury or illness I may suffer whilst a member of the team and promise not to make any or commence proceedings against the University in respect thereof.

I.2 I authorise VU Sport staff to consent, where it is impracticable for them to communicate with my emergency contact, my parents (if under 18 years) or myself, for me to receive such medical treatment as may be deemed necessary. I do this with the understanding that staff will take all reasonable care and responsibility to ensure my safety and well being throughout my participation and

PARTICIPANTS NAME: _____ SIGNATURE: _____ DATE: _____

PARENT/ GUARDIAN'S SIGNATURE (If participant under 18 years of age) _____

PLEASE RETURN COMPLETED FORM BY COB FRIDAY 11 NOVEMBER 2016 TO:

Jessica.Harrington@vu.edu.au