



Special Olympics
Australia



netball
TASMANIA

NETBALL SCHOOL HOLIDAY PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION

Sporting ability:

1 = Never played before or basic ability

2 = Moderate ability

3 = Very capable

FIRST NAME	SURNAME	DATE OF BIRTH (D / M / Y)	GENDER (M / F)	MEDIA CONSENT* (Please tick if allowed)	WHEELCHAIR ACCESS (Please tick if required)	ABILITY (1 / 2 / 3)

(*Media Consent – I understand that photography and video recording takes place at some Special Olympics Australia and Netball Tasmania events and activities, and that I may be incidentally included in such photographs or recordings (images) and that on occasion I may be identifiable from those images. By selecting "Yes" below, I confirm that Special Olympics Australia/ Netball Tasmania has my permission to use/and or disclose, and allow others to use and/or disclose on its behalf, any or all such images in television, radio, film, newspapers, magazines, on the internet, and/or in other media, and in any form, throughout the world solely for the purpose of publicising, promoting or communicating the purposes and activities of Special Olympics Australia & Netball Tasmania, for this registration year. Note: Special Olympics Australia & Netball Tasmania will seek separate permissions in relation to individual Participant feature pieces.)

Emergency Contact Details:

First Name:	Last Name:
Mobile:	Work:
Email Address:	
Address:	
Suburb:	State: TAS Postcode:

Is there anything else our coaches need to know about the participant so that we can make it the best experience we can for them?

Signed (Guardian if under 18): Date:

Please return to Rebecca Foster at rebeccaf@specialolympics.com.au