



Player Profile

The information provided in this questionnaire will be used to help plan training sessions, to assess whether or not you are at risk of injury, and in case of injury to contact your nominated emergency contact. It is confidential and will only be shared with your team coach and/or the Club Executive if required.

Personal Details

Name: _____

DOB: _____

Address: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

E-mail: _____

Emergency Contact Details

Name: _____

Relationship to you: _____

Phone (home): _____

Phone (cell): _____

Preferred method of contact: _____

Playing Positions

 Indicate order of preference with numbers.

GS

GA

WA

C

WD

GD

GK

Netball History

 Tick and indicate location / applicable years in space provided.

Player: New to the game
 School / University _____
 Social League _____
 Competitive League _____

Coach: Beginner Intermediate Advanced
 I am interested in being an ECNC team coach

Trainer: Beginner Intermediate Advanced
 I am interested in being an ECNC team trainer

Umpire: Beginner Level 1 Level 2 Other _____

Further comments

 As applicable to netball history.

Membership Type

 Tick as applicable.

Competitive: I intend to train regularly with ECNC and would like to be considered for a Competitive team.

I think my skill level is closest to:

A Grade (highest)

B Grade

C Grade

Social: I cannot commit to train regularly with ECNC but would like to play in a social team.

Junior: I am between the ages of 6 and 18 years.

Affiliate: I wish to be affiliated with ECNC but not as a player.



Training and Travel

Preferred training day/s _____

Preferred training timing: Morning Afternoon Evening (6pm onwards)
 Other _____

Preferred training venue: Westside Eastside
 Other _____

Do you have access/ties to a venue that could potentially be used as a training or game venue? Yes No

Details: _____

I am willing to train Once Twice Three times per week.

I am willing to travel Locally Interstate Internationally to represent ECNC in competition.

Injury History List any injuries have had in the past 3 years, when they happened, list the treatment you received, any applicable doctors/physiotherapists and current status of the injury.

Injury Specifics eg. sprained left ankle	Date occurred	Treatment eg. Crutches, plaster cast	Medical Practitioners	Current status eg. fully recovered

Health and Allergy Information Please list condition(s) and any medication required.

Condition eg. asthma, diabetes, heart disease, hepatitis	Medication

General Information

What aspects of netball are important to me. List in order of priority.

- Fitness
- Skill development
- Fun / Social aspect
- Winning
- Court-time
- Other _____
- Other _____

Please return this completed form with your membership dues to ECNC Secretary / Treasurer. Make all checks payable to "Emerald City Netball Club".