



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 emergency contact. It is confidential and will not be shared with anyone but 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

Further comments

 As applicable to netball history.

Membership Type

 Tick as applicable.

- Senior: I think my skill level is closest to:
 A Grade B Grade C Grade

Junior: Age _____

Affiliate



Training and Travel

Preferred training day/s _____

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

Preferred training venue: Westside Eastside
 Other _____

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 e.g. sprained left ankle	Date occurred	Treatment e.g. Crutches, plaster cast	Medical Practitioners	Current status e.g. fully recovered

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

Condition e.g. 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 _____

Please return this completed form with your membership dues to the ECNC Secretary or Treasurer in person or mail to Emerald City Netball Club, PO Box 3432, Bellevue, WA 98004-4292. Make all checks payable to "Emerald City Netball Club".