



APPLICATION / AGREEMENT

To be completed by all ISV State Netball Coaches, Managers, Trainers and Umpires

1. I hereby make application for the following State Team position. (You may mark more than one position. If so, indicate by number the order of preference with '1' being the most preferred, '2' second preference, etc.)

COACH: Men Mixed Ladies 21/U Ladies 23/U Mixed 18 & Under Mixed 30+ Ladies 30+
Mixed / Ladies (please circle preference for 18 & U)

12 & Under 14 & Under 16 & Under 16 & Under Mixed

MANAGER: Men Mixed Ladies 21/U Ladies 23/U Mixed 18 & Under Mixed 30+ Ladies 30+
Mixed / Ladies (please circle preference for 18 & U)

12 & Under 14 & Under 16 & Under 16 & Under Mixed

TRAINER: UMPIRE:

2. FIRST NAME: SURNAME:

3. ADDRESS FOR CORRESPONDENCE:
..... P/Code.....

EMAIL: (Fax):

PHONE NO: (hm) (wk) (mob).....

4. AGE:..... DATE OF BIRTH:..... GENDER:

5. State name of Club/Centre you are currently involved with:

6. Initial the box to indicate you have checked you are available on the competition dates:

7. Initial the box to indicate you understand you are required to cover your own health costs if injured during training, playing or carrying out official duties:

8. NEXT OF KIN IN CASE OF EMERGENCY:
First Name: Surname:

Address for Correspondence:
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Phone No: (Hm)..... (Wk)..... (Mob).....

9. MEDICAL BACKGROUND: Please state if you are subject to any medical treatment or physical ailment that Indoor Sports Victoria should be aware of in the event of sudden illness or injury (e.g. asthma, special diet, travel sickness, diabetic).
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10. Give relevant qualifications, experience and reasons for wanting to be considered. Attach resume and/or references. Attach separate sheet if more space is required. (Trainers – attach copies of certificates/qualifications) (All persons affiliated with any team from U12's to U21's must have a current Working With Children and a copy must be supplied)
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11. UMPIRES ONLY

Tick the box to indicate you have completed the ISV Umpires Theoretical Exam and passed

Tick the box to indicate you are regularly umpiring ISV Majorleague and/or Superleague compet (minimum 75% of games)

12. AGREEMENT: I hereby acknowledge that I am bound by Indoor Sports Victoria's rules applying to the selection, preparation and management of State Teams and agree to abide by them.

SIGNATURE: DATE:

SEND TO: PO BOX 393 BORONIA 3155 or email melme1@bigpond.com by close of business 19/09/14.