



# MT BARKER LUTHERAN NETBALL CLUB

## Umpiring Application Form - Winter Season 2024

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### Applicant Details

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

### Umpire Grade Preference

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Umpire Experience

How many seasons experience do you have? \_\_\_\_\_ Highest Grade umpired? \_\_\_\_\_  
 Do you hold a Badge?  Yes  No If Yes, attach copy of certificate  Copy Attached  
 Are you intending to Play this Season?  Yes  No

### ChildSafe Training & Checks

Have you completed any ChildSafe training?  Yes  No  N/A  
 If no, are you willing to undertake the ChildSafe training course?  Yes  No  N/A  
 Do you hold a current Working With Children Check?  Yes  No  N/A  
 If yes WWCC Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  Copy Attached  
 If no WWCC Application Number: \_\_\_\_\_ Progress Status: \_\_\_\_\_

### Emergency Contact

In case of an emergency, please list below in order of preference.

Full Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

### Medicare & Insurances - Please provide details where applicable

Insurance Provider: \_\_\_\_\_ Member Number: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_ No. of Person on Card: \_\_\_ Expiry Date: \_\_\_ / \_\_\_  
 Ambulance Cover:  Yes  No Health Care Card Number: \_\_\_\_\_

### Medical History

In case of medical attention please indicate any medical conditions that would be relevant to a Health Care Professional.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## Agreement with Mt Barker Lutheran Netball Club

By signing this form, I agree to abide by the Club's Constitution, By-Laws and all policies *AND* I agree to abide by the expectations of the Mid Hills Netball Association, Netball SA and Netball Australia

Name of Applicant

Signature of Applicant

Date