

TAURANGA NETBALL CENTRE



REPRESENTATIVE PLAYER CONSENT FORM

I..... (parent/guardian) agree and accept the criteria and conditions as set by the Management of Tauranga Netball Centre and as listed in the TNC Representative Team Policies and Procedures document. I agree to have the players name, photo and/or video used on any media outlet at the discretion of TNC.

In the event of injury and illness I (parent/caregiver) hereby authorise the Team Coach or Team Manager to seek medical assistance if required and I agree to meet all costs.

Is your child allowed: Panadol Yes/No Ibuprofen Yes/No

Does your child suffer from any medical conditions or allergies – If so please state.

Allergy/Illness:.....Does your child require medication Yes / No

What type of medication.....Dosage.....

Is your child capable of administering their own medication Yes / No

Does your child get travel sickness: Yes / No

I agree to pay any fees required during 2025 and if my child's representative uniform is lost or ruined agree to being charged the full replacement fee of that item/s.

Parent/Guardian Name:.....Signature:.....

Parent/Guardian Phone/Mobile:..... Players Mobile.....

Email Address:..... Date:.....