



Member Registration Form: Player, Official & Supporter

You may register with Handball Australia (HA) as a player, official, and/or a supporter. If registering only as an official and/or supporter, reduced annual registration fees apply. Players must register every year. Registration is not in effect if payment has not been received. If you participate in Handball while unregistered/unfinancial you will not be covered by HA insurance and will take on all related risk. Players can only be registered in one country or state at a time. Players registered in another country must get IHF clearance before registering in Australia (fees apply). HA can help with this, however, fees may apply.

Your Details			
Given Names	Surname		
Street	Occupation		
Suburb	Mobile		
State	P/Code	Other phone	
Country	Email		
Emergency Contact			
Name	Relationship		
Mobile	Other Phone		
Player Details			
Date of Birth	Country of Birth <small>(as per passport)</small>	Citizenship:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> NA
Non-Australian Born Player: Do you have an Australian Born Parent or Grandparent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The IHF has restrictions on the number of non-Australian born players on an International team</i>
Ever registered as a player in another country?		<i>If you have been registered to play in another country, you must seek IHF clearance to transfer registration to Australia (fees apply)</i>	
<input type="checkbox"/> Yes	Country:	Overseas Club:	IHF Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No	Current State:	Current Club:	State Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous State:	Previous Club:	
Player Pre-existing Medical Conditions			
As a player, do you have any pre-existing medical conditions HA should be aware of (including previous injuries not notified to HA)? Please indicate below and provide details (attach another page if needed).			
Medical Clearance/Stat. Declaration Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>You may need to provide medical clearance or a statutory declaration* that you have received relevant medical clearance of fitness to return to play or train.</i>	
<input type="checkbox"/> Musculoskeletal/soft tissue	<input type="checkbox"/> Joint/other surgery	<input type="checkbox"/> Neurological/concussion	<input type="checkbox"/> Respiratory/asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Blood Pressure/Cardiovascular	<input type="checkbox"/> Anaphylaxis/allergy
<input type="checkbox"/> Other medical/injury (detail)			
Official Details			
Please provide information on previous positions, including coaching/refereeing accreditation:			
Do you hold the relevant State Child Safety certification (i.e. Working With Children Check): <input type="checkbox"/> Yes <input type="checkbox"/> No			Cert. No:
Supporter Details			
<input type="checkbox"/> I support Handball Australia	<input type="checkbox"/> I support the State Federation:	<input type="checkbox"/> I support the following Club:	



Handball Australia Member Declaration

By completing this form and registering with Handball Australia (HA) I agree to participate in HA, its affiliated state bodies and clubs. I will abide by the relevant constitution, rules, by laws, regulations, resolutions, code of conduct, policies, procedures (which are available on the website or can be sourced from HA) and decisions of HA, its affiliated state bodies and clubs or risk removal as a member of HA, its affiliated state bodies and clubs.

- I acknowledge and consent to photographic and electronic images to be taken of me for HA promotional purposes.
- I acknowledge that handball, as a contact sport, has inherent risks and that injuries/losses could occur. I agree to waive rights against the organisation including against HA Directors and volunteers. I agree and consent to necessary medical treatment and will pay for the associated costs (including transport by ambulance).
- I acknowledge that handball has some limited group personal accident and liability insurance policies in place and that the details of cover can be viewed on the HA website or by contacting the HA Treasurer to be given a copy. I agree that as an individual I should consider my own financial circumstances and consider taking out private health insurance, life insurance, income protection insurance, property insurance etc. I acknowledge that if I make a claim as a participant I am responsible for paying any policy excess.
- When travelling internationally to represent HA as a player, I acknowledge I am required to take out travel insurance at my own cost.
- I acknowledge that as a member/participant I am medically and physically fit to be involved in handball and I will notify HA immediately if my fitness/medical condition changes.
- I acknowledge that personal information may be given to a relevant third party.
- I acknowledge that I will support and encourage a child safe culture within handball and provide a relevant Working With Children Check (WWCC) for my state or territory (if required) to the Secretary-General Handball Australia.
- I acknowledge that I will support an anti-doping culture and I will support and encourage safe, fair and inclusive handball. I will undertake relevant training as requested by HA.
- I acknowledge that as a player or official I must be registered and have paid any required registration fee before participating in any handball activity or training.
- I acknowledge that I must re-register and pay relevant registration fees each year to maintain membership of HA.
- I acknowledge that I have read, understood and agreed to these terms and conditions (this may be a parent/guardian if under 18).

* A statutory declaration is a written statement which a person swears, affirms or declares to be true in the presence of an authorised witness - usually a JP, lawyer or notary public. A NSW statutory declaration is made under the *Oaths Act 1900*. Each state will have its own legislation, requirements and formats and there are severe penalties for false declarations. A statutory declaration affirming receipt of relevant medical clearance to return to playing or training in handball should be presented in the appropriate format as required by the relevant state legislation and include information along the lines of:

"I (*name of declarant*), of (*residence*) do hereby solemnly declare and affirm that I attended an appointment with (*name of medical practioner, physiotherapist, exercise psychologist etc*) at (*location*) on (*date of appointment*), who stated that I have been cleared to return to play/train in the game of handball, having, in their opinion, sufficiently recovered from (*describe injury or illness*)."

Player/Official/Supporter Name:

Player/Official/Supporter Signature:

Date:

Parent/Guardian (if under 18):

Date: