



SCHOOL SPORT NT VOLUNTEER REGISTRATION FORM
DETAILS OF A VOLUNTEER PARTICIPATING IN A SCHOOL SPORT NT ACTIVITY

Volunteer Information

Given Name:		Family Name:	
Residential Address:		Postal Address:	
Email Address:		Email Address (W):	
Phone (BH)	Mobile Phone:	Phone (AH)	
Related School:		Workplace:	Gender: Male Female
Police Check sighted (if necessary) Yes/No	Date	Drivers Licence No:	
Student Officials:			
UPN:	Principal Authorisation For Student to Officiate:		

Medical Information (Optional)

Next Of Kin Name		Next of Kin Phone	
Medicare Number:		Medical Condition:	
Additional Medical Details: Allergies:		Medication:	
Private Health Fund Name: Membership Number:		Date of Last Tetanus Injection:	
I give permission for team officials to obtain medical / dental treatment for me if considered necessary.			Yes No
I accept responsibility for any cost involved with medical or dental treatment I receive.			

Event Information

Volunteer Category <input type="checkbox"/> Adult <input type="checkbox"/> Student	Sport:	<input type="checkbox"/> Exchange <input type="checkbox"/> Championship	Dates:	Travel: Air / Bus / Car
Level Of Competition: <input type="checkbox"/> Cluster <input type="checkbox"/> Northern Territory <input type="checkbox"/> Interstate			Venue:	
Role:	<input type="checkbox"/> Umpire	<input type="checkbox"/> Billet Family	<input type="checkbox"/> Council member	
<input type="checkbox"/> Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Scorer	<input type="checkbox"/> Office Staff	
<input type="checkbox"/> Manager	<input type="checkbox"/> Convenor	<input type="checkbox"/> N/H Committee Member	<input type="checkbox"/> Other:	
<input type="checkbox"/> Coach/Manager	<input type="checkbox"/> Ground Manager	<input type="checkbox"/> Cluster Chairperson		
<input type="checkbox"/> Sports Trainer	<input type="checkbox"/> Billeting Officer	<input type="checkbox"/> Cluster Board Member		
Accommodation Requirements:				
<input type="checkbox"/> Camping	<input type="checkbox"/> Private Accommodation	<input type="checkbox"/> School Sport NT to Organise	N/A	

Permission Information (Please circle your choice)

I give permission for my photo and name to be listed on the School Sport NT website and used in publications for sponsorship purposes and advertising.	Yes	No
I am of Aboriginal or Torres Strait Islander origin.	Yes	No
Signed	Date: / /	

*The purpose for collecting this information is to ensure our Duty of Care to children when at a School Sport NT event is met.
This information provided shall not knowingly be used for any other purpose that is reasonably with in our control.*