

NORTHERN MARVELS ATHLETE EXPRESSION OF INTEREST FORM

PLEASE complete and return this form and send to the Netball Northern Zone at Email- nzepp@netballnorthern.co.nz

Expressions of Interest close 5pm 29th October 2019

Please ensure you fill out BOTH pages of the application form

Personal Details

| Athlete Na | me: | | | Address: | | | | | |
|--|--|--|----------------|------------------------------------|-------------|---|-------------------|---|--|
| Date of Birt | th: | | | Mobile: | | | | | |
| School Year for 2019 (if applicable): | | | | Do you Live at Home / Flat / Board | | | | | |
| Email: | | | | | | | | | |
| Dress Size Top Size | | | | Pant Size Shoe Size | | | | ; | |
| Employment | . | | | | | | | | |
| Employer: | | Full Time / Part Time/ Shift Work / Weekend Work | | | | | | | |
| Education | | | | | | | | | |
| Provider: | | | | Location: | | | | | |
| Course: | | | | Full Time / | / Part Time | | | | |
| Transport | | | | | | | | | |
| Do you have | Do you have a Car or access to a car: Yes / No Licence - Full / Restricted / Learners / None | | | | | | ['] None | | |
| If no licence | or car how do y | ou intend to ge | t to trainings | and games | | | | | |
| Emergency o | ontact details | | | | | | | | |
| Name | | Relations | ship | Contact I | Details | | | | |
| Do you have any Allergies or Dietary Requirements? | | | | | | | | | |
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| | | | | | | | | | |
| Playing Info | | | | | | | | | |
| Positions played (in order of preference: | | | | | | | | | |
| Playing Histo | | | | | | T | | | |
| 2019 Teams : | | | | 2018 Tea | ms: | | | | |
| 2017 Teams | 1 | | | 2016 Tea | ıms | | | | |
| School and/ | or Club Coach c | ontact details | | | | | | | |
| What was th | e FIRST centre | you | | | | | | | |
| started playi | ing Netball at? | | | | | | | | |
| Please nominate the ONE Centre you will play for during the 2020 | | | | | | | | | |
| L | | | | | · | | | | |

| Please outline your latest testing results –YOYO, Agility, Horizontal and Vertical Jump, Strength | | | | | | |
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| Please outline your S&C training experience to date | | | | | | |
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| Please outline any current or historical injuries. Provide as much detail as possible eg. Date of injury, diagnosis, | | | | | | |
| treatment plan, return to play plan. | | | | | | |
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| Other Sports | | | | | | | | | |
|---|-------------------------------|------|--|--|--|--|--|--|--|
| Are you involved with any other sports? | YES NO (highlight/circle one) | | | | | | | | |
| If yes, please name the sport(s) | Code (Sport) | Team | | | | | | | |
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