

**PRESIDENT:** M. Dodd  
**VICE PRESIDENT:** D. Hartney  
**TREASURER:** J. Waanders  
**JUNIOR P.O.:** D. Nelson  
**SECRETARY:** R. Carruthers



**NEWCASTLE DISTRICT  
GOLF ASSOCIATION Inc.**

Address all correspondence to:  
The Secretary,  
PO Box 159 Kotara 2289  
secretary@ndga.com.au

**TEL: (02) 40010247 FAX: (02) 49439655  
ABN: 84 411 783 040**

**To: The Newcastle District Golf Association.**

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I \_\_\_\_\_ of (Address) \_\_\_\_\_

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**Accept my selection in the N.D.G.A Representative team** YES/NO

**In the** \_\_\_\_\_ **on(Date/s)** \_\_\_\_\_

**At (venue)** \_\_\_\_\_

- 1 I agree to abide by the Players' Code of Ethics
- 2 I acknowledge that the NDGA may take disciplinary action against me if I breach the Players' Code of Ethics.
1. I acknowledge that disciplinary action against me may include my exclusion from any further NDGA representation

**Special needs of (the player)** \_\_\_\_\_ **which you should be aware of**

**(eg. Allergies / Medications etc)** \_\_\_\_\_

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**To the best of my knowledge, I/he has no medical condition, disability or injury, which puts me/him at risk in participating in this competition.**

**In the event of illness or injury, I authorize the seeking of medical assistance/ambulance on my behalf that I/he may require.**

**MEDICARE NO.** \_\_\_\_\_

**PRIVATE HEALTH FUND (if applicable)** \_\_\_\_\_

**HEALTH FUND NO.** \_\_\_\_\_

**CONTACT No.'s (Work)** \_\_\_\_\_ **Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**SIGNED (Player)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNED (If under 18) Parent / Guardian** \_\_\_\_\_

**DATE** \_\_\_\_\_