

We are pleased to welcome you to our netball club. To ensure we have the correct contact details for you, please complete the form below and return to your team coach or a member of the committee. If you are under 16, please also ask your parents or guardians to sign the form before it is returned. We will also use the information you provide to ensure you are kept informed about club events.

Personal details

| | | | |
|------------------|--------------|-------------------------------|---------------------------------|
| Name: | | | |
| Address: | | | Postcode: |
| Date of birth: | Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| School attended: | | | Year Group: |
| Home phone | Mobile phone | | |
| Email (parents) | | | |

In order to help the club monitor it's membership, please can you tick one of the following boxes to identify your ethnic group:

| | | | |
|-------------------------------|--------------------------|------------------------|--------------------------|
| Asian or Asian British | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> |
| Chinese or Other ethnic group | <input type="checkbox"/> | Mixed | <input type="checkbox"/> |
| White | <input type="checkbox"/> | | |

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you consider yourself to have a disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, what is the nature of your disability? | | | | |

Medical Information

Please detail below any important medical information that our coaches/coordinators should be aware of (eg. Epilepsy, asthma, allergies etc)

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Emergency Contact details

Please provide the information below to indicate the person(s) who should be contacted in case of an incident or accident:

| |
|------------------------------------|
| Contact names (parents/guardians): |
| Emergency contact number(s): |

Parent/Guradian

Please tick the appropriate boxes: I give my authority for the following:-

A recognised first-aider may administer first aid.

Yes No

If appropriate, my child may be taken to hospital and be given treatment as deemed necessary by the hospital staff.

Yes No

In the event of my child taking part in matches held at other locations, I agree to her being transported in the car of a team organiser.

Yes No

Additional information:

I give permission for my child's photograph to be taken and used solely for the purposes of promoting Westoning Netball Club, publicising the players' achievements and acknowledging the support of any sponsors.

Yes No

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities. For example, transports details, timetable and training activities.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me and to deal with the injury/illness appropriately.

Name (please print and state relationship):

Signature:

Date: