

REGISTRATION FORM

OPEN AGE

SEPTEMBER 2017 - AUGUST 2018



admin@blackpoolnetballclub.co.uk

NAME OF PLAYER _____ AGE _____

DATE OF BIRTH _____

ADDRESS _____

POST CODE _____

TELEPHONE NO _____

MOBILE(S) (1) _____ (2) _____

E MAIL ADDRESS _____

EMERGENCY CONTACT NOS (PLEASE STATE WHO) _____

DO YOU HAVE ANY MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? YES/NO
(This information will remain strictly confidential and is only required in case of accident or emergency)

IF YES, PLEASE GIVE DETAILS _____

Consent:

I/we agree to taking part in the activities of BLACKPOOL NETBALL CLUB

Occasionally, for the Blackpool Netball Club Website or local/national press, photographs will be taken at training or competition, also for educational purposes filming during training or match play may occur

I/we agree/do not agree* to filming or photography for the Club website and/or local and national press.
We will not receive prior notice of this occurring

SIGNED: _____ DATE: _____

Please return this form together with payment by BACS (preferable) or cash/cheque for **£45.00** (made payable to Blackpool Netball Club) to myself (Treasurer) at training or post to: **Debbie Hanley, 538 Lytham Road, Blackpool, FY4 1RE**

PLEASE ALSO COMPLETE ENGLAND NETBALL REGISTRATION FORM AND RETURN WITH THIS FORM