

REGISTRATION FORM

U/18's



admin@blackpoolnetballclub.co.uk

NAME OF PLAYER _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____

POST CODE _____

TELEPHONE NO _____

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

E MAIL ADDRESS _____

EMERGENCY CONTACT NOS (PLEASE STATE WHO) _____

DOES YOUR DAUGHTER 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 _____

SCHOOL ATTENDED _____ YEAR _____

Consent:

I/we agree to my daughter 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: _____ (Parent/Guardian) DATE: _____

Please return this form together with payment by BACS (preferable) or cash/cheque for £25.00 (made payable to Blackpool Netball Club) to myself (Treasurer) at training or post to:

Debbie Hanley, 538 Lytham Road, Blackpool, FY4 1RE - Mobile: 07983 386351

PLEASE ALSO COMPLETE ENGLAND NETBALL REGISTRATION FORM AND RETURN WITH THIS FORM ENSURING CORRECT AGE GROUP IS SELECTED

*The purpose of collecting this data is to hold a database on all current BLACKPOOL NETBALL CLUB players. The data is stored in a secure area
The data will be used for BLACKPOOL NETBALL CLUB internal use only and will be destroyed 2 years after a member leaves the Club*