Junior Membership Form

Contact Information for

**Players name…………………………………………..**

|  |  |
| --- | --- |
| Parent/GuardianName |  |
| Home Tel no |  |
| Mobile (of parent/carer) |  |
| Email (of parent/carer) |  |
| DOB of Player |  |

**Medical Information**

Please detail below any important medical information that our coaches/Junior Coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.) N/A

|  |
| --- |
| N |

**Emergency contact details**

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

|  |  |
| --- | --- |
| Contact name e.g. Parent/Carer and Contact Nos |  |

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

**Photography – consent**

I agree to my photograph being taken by Droitwich Netball Club at training sessions and matches.

I understand that the photograph(s) will be used by Droitwich Netball Club and England Netball to promote netball.

I agree that the photograph(s) taken can be used on Droitwich Netball Club and England Netball printed literature including leaflets, posters, newsletters and display material.

I agree that the photograph(s) taken can be used on the England Netball websites and social media pages. I understand that this will make the images available.

|  |  |
| --- | --- |
| Name of Parent/Carer |  |
| Signature  |  | Date: |

**Please return this form to *Karen or Sarah or email to*** ***Droitwichnetballclub@outlook.com***