**Player Name: Group:**

Payment & Affiliations:

|  |  |  |
| --- | --- | --- |
| Annual Membership:  £20 paid online [**60-14-55 / 61078085**] | ***Date:*** | ***Ref Used:*** |
| Monthly Standing Order:  1st Month, 12 Months, £19/ month. | ***Tick if SO updated:*** | ***Ref Used:*** |
| Affiliations: Confirm which teams you have affiliated to with England Netball | ***Affiliation Number:***  ***Teams:*** | |

Contact Details - we will be using SPOND (Parents and players can both be added so can see details, all will be linked to the same SPOND account, parents if you are NOT happy for your child to be included direct in SPOND please leave those blank.

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***NAME:*** | ***MOBILE:*** | ***EMAIL:*** |
| ***PLAYER:*** |  |  |  |
| ***PARENT1:*** |  |  |  |
| ***PARENT2:*** |  |  |  |
| ***ADDRESS:*** | | | |

[If anyone else is to be the emergency contact for any session please update the TM/Coach on the night.]

Codes of Conduct: Please read and sign the codes of conduct and keep yourself for reference.

|  |  |  |
| --- | --- | --- |
|  | **SIGNATURE:** | **DATE:** |
| **PLAYERS CODE OF CONDUCT:** |  |  |
| **PARENT / CARERS CODE OF CONDUCT:** |  |  |
| **PHOTOGRAPHY CONSENT:** |  |  |

Medical Information: If you answer yes, please provide details, use separate sheet if needed. During the season if there are any medical concerns please keep your coach/TM updated.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Does your child have any medical conditions? |  |  |
| ***Details:*** | | |
| Do they require regular medication? |  |  |
| ***Details:*** | | |
| Does your child have any neurodevelopment conditions |  |  |
| ***Details:*** |  |  |
| Please let us know if there are any additional needs that your child has that would help us to support them | | |
| ***Details:*** | | |
| * I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made. | | |