

Adult Player Registration Form

2017-18 season



Name: *

Address: *

Date of Birth: *

* = Must be completed

Home Telephone: *

Mobile Phone: *

Email address: * Please print clearly

Club Membership Type: *	Please X	Team you wish to be considered for: *	
Adult (over 18yrs)	<input type="checkbox"/>	East Regional Clubs	<input type="checkbox"/> *Please X
2nd Claim Affiliation	<input type="checkbox"/>	County Premier Div 1	<input type="checkbox"/>
Student	<input type="checkbox"/>	Cambs & District Div 2	<input type="checkbox"/>

**** NOTE - Attendance at training and match availability is required for team selection
 All league games are at WEEKENDS - commitment to weekend games is essential**

Are you happy for your details to be distributed to other club members?
 (this will be used for arranging matches etc.)

Yes
 No

Are you happy for club photographs/videos that you appears in to be used
 for publicity purposes, including on our website?

Yes
 No

Are you happy for club members to contact you by text or email?

Yes
 No

I agree to abide by the Code of Conduct and any Rules and Regulations of Comberton Netball Club

Signature: _____

I have the following skills and would be willing to use these to help the club: * please X

Netball related	Coaching <input type="checkbox"/>	Co-ordinating <input type="checkbox"/>	PR & Marketing <input type="checkbox"/>
	Umpiring <input type="checkbox"/>	Finance <input type="checkbox"/>	Volunteering <input type="checkbox"/>
Coaching another sport	<input type="checkbox"/>	Fund raising <input type="checkbox"/>	Website design <input type="checkbox"/>
	<input type="checkbox"/>	IT <input type="checkbox"/>	Other (please state) <input type="text"/>

I have been DBS checked Yes No * please indicate

Club use only

Affiliation Fee paid Date Paid

Affiliation Number Method of pay't Cheque/ Bank pay't

Medical Information - must be completed by all members

In case of emergency all members are required to complete the medical information below

Next of kin: Relationship:

Emergency contact phone:

Doctors Name: Phone :

As far as you are aware, are you allergic to any medication? (Please state)

Are you taking any regular medication? If so, what, and for what reason?

Do you have any long term injuries or illnesses? Please state

* Please delete as appropriate

Declaration: I consider myself to be physically fit and capable of full participation and agree to notify Comberton Netball Club of any changes to the medical information provided. Furthermore, in the event of injury I give my permission for the team manager/coaches appointed by Comberton Netball Club to obtain emergency medical treatment for myself as appropriate.

Photography/Video participation: In some environments, particularly adult competition, it is impossible to control photography and video taking by external parties. However, I am aware that there may be times that photographs and footage may be taken during matches and training sessions by approved agents and/or officers of Comberton Netball Club. Such images shall only be used for publicity/training purposes in accordance with the club Safeguarding and Protecting Young People Policy and Photography policy and I give my consent to feature in such images. I give my approval for agents to use the images for general purposes such as local newspapers, local magazines, other promotional articles and the club website.

Signed: Dated:

Information for England Netball Statistics

Ethnicity and Disability

Ethnicity of members - please tick the box that describes your ethnicity best.

	Please X		Please X
White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British - Other	<input type="checkbox"/>
Mixed - White & Black Caribbean	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Other Ethnic Group	<input type="checkbox"/>

Disability			
Deaf	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visually impaired	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Hearing impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>

Sexual preference

Religion

Please add any relevant information:

INSURANCE WAIVER FORM

I accept that if my affiliation fees to England Netball and Comberton Netball Club are not paid before taking part in any training or competitive games at Comberton Netball Club, I will not attempt to hold the Club or England Netball responsible for any injury sustained within such training sessions or games.

I will make no claim against the Club or England Netball for any such injury.

I understand that I may take part in 3 taster sessions before paying affiliation fees but this waiver will remain in place until such time as the club has received subscriptions and affiliated me.

Signature: _____

Printed Name: _____

Date: _____

Countersigned by Parent/Carer if under 18 years

Signature: _____

Printed full name: _____

Date: _____

Relationship to above: _____

