

# Junior Player Registration Form

2017-18 season



Name: \*

Address: \*

Postcode:

\* = Must be completed

Date of Birth: \*  School Year:   
at Sep 2017

Home Telephone: \*  School Name:

Mobile Phone: \*

Email address: \*  Please print clearly

Club Membership Type: \* **Please X**

|                   |                          |                       |                          |
|-------------------|--------------------------|-----------------------|--------------------------|
| Youth 16 - 17 yrs | <input type="checkbox"/> | Junior Under 14       | <input type="checkbox"/> |
| Junior Under 16   | <input type="checkbox"/> | Junior Under 12       | <input type="checkbox"/> |
|                   |                          | 2nd Claim Affiliation | <input type="checkbox"/> |

My daughter plays another sport \*  Yes  No \* delete as appropriate

If Yes above please say which sport \*

Our main commitment will be given to : \*  Netbal  Other \* delete as appropriate  
should there be a fixture clash

My daughter wishes play CDNL adult league in addition to Junior League games (U16 only)  Yes  No \* delete as appropriate

**\*\* NOTE - Attendance at training and match availability is required for team selection  
Winter League games are on SUNDAY afternoons. Summer league games on TUESDAYS**

|   |     |                          |
|---|-----|--------------------------|
| Are you happy for your/your daughters details to be distributed to other club members?<br>(this will be used for arranging matches etc.)    | Yes | <input type="checkbox"/> |
|   | No  | <input type="checkbox"/> |
| Are you happy for club photographs/videos that you/your daughter appears in to be used<br>for publicity purposes, including on our website? | Yes | <input type="checkbox"/> |
|   | No  | <input type="checkbox"/> |
| Are you happy for club members to contact you/your daughter by text or email?   | Yes | <input type="checkbox"/> |
|   | No  | <input type="checkbox"/> |

**Note - If player is Under 18 parent MUST indicate agreement**

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

Signature of Player \_\_\_\_\_

**If under 18 parent or guardian to sign below to consent to registration**

Signature of Parent/Guardian \_\_\_\_\_

## 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/parents or carers**

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, is your daughter allergic to any medication? (Please state)

Is your daughter taking any regular medication? If so, what, and for what reason?

Does your daughter have any long term injuries or illnesses? Please state

\* Please delete as appropriate

Declaration: I consider my daughter 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 my daughter as appropriate.

It is a requirement of Comberton Netball Club policy that parental/legal guardian consent is provided for participation, transportation and photography/video. The Club members Code of Conduct and Safeguarding and Protecting Young People Policy are available in the handbook or on the website ([www.comberton-netball.co.uk](http://www.comberton-netball.co.uk))

Transportation : I consent to my daughter travelling to venues for matches and training, in transport provided by the club, which may include travelling in other players' private cars

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 for my daughter 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:

Relationship:

**[Are you happy for club members to contact your child directly by text and/or email?](#)**

If Yes, please give phone/email details:

**If you (parent/carer) wish emails/texts relating to club to be sent to you, please give email address and/or mobile if different from page 1**

Email:  Mobile No:

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

|                                 | Mark with X              |                                      | Mark with 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"/> |

Religion

Please add any relevant information:

**INSURANCE WAIVER FORM**

I accept that if my daughter's 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 my daughter 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 my daughter.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer if under 18 years

Relationship to registered player: \_\_\_\_\_

