

MyName

Back to Netball Registration Form

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM

First Name:	DOB:	Email Address:
Surname:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Address: County:	Postcode
Ethnicity: White <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Mixed Ethnicity <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Other <input type="checkbox"/>	Have you played netball in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relevant medical information: Do you require any adaptations?	Do you have a long term illness, health problem or impairment that limits your daily activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify with the following categories: Physical disability <input type="checkbox"/> Social or behavioural problems <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Other <input type="checkbox"/> Blind or visual impairment <input type="checkbox"/> Mental health problems <input type="checkbox"/> Learning disability <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
Emergency contact details:	Name:	Contact Number:



England Netball (AENA) will retain and use your personal data for the purpose of your participation in netball, for regulatory reasons and to provide you with information about netball. We would also like to contact you with other information.

Please tick here to allow England Netball and our Partners to email you the latest netball news and offers

England Netball will not be liable for any loss, damage to or theft of participants' personal property or for any injury sustained during or as a result of participation in a session. Full Terms and Conditions and England Netball's Code of Conduct can be found at www.EnglandNetball.co.uk/BacktoNetball

I have read, understand and accept the Terms & Conditions and agree to participate in line with England Netball's Code of Conduct.

Signed _____ (Parent or Guardian if under 18) Date _____