

**Registration form for RDNL use only**

**Players Name:**

**Address**

**Email address**

**Telephone number**

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year Group:** \_\_\_\_\_\_\_\_\_\_\_\_

**Any medical conditions that may affect your daughter during this activity or that we should be aware of?**

**No □ Yes □ (if yes please give details below)**

|  |
| --- |
| **Please continue on the back of the sheet if necessary.** |
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| **Family Doctors** **Name & contact details:** |

**I understand that information that I have provided will be held on a database and will be given to the RDNL Junior Netball Coaches, Team Managers, and other committee members.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name:**

**Relationship to Child: Parent/Guardian**