



Nat West Netball Club Member Registration Form

We are very pleased to welcome you to NatWest Netball Club.
To ensure that we have the correct contact details for you, please insert the information requested below and return this form to Club Secretary.
We will also use this information to ensure that you are kept informed about club events.

PERSONAL DETAILS

Name:

Address:

..... Postcode:

Home telephone number:

Work telephone number:

Mobile: Email:

Date of birth:

SPORTING INFORMATION

Have you played Netball before? Yes No

If yes, where have you played the sport: (please indicate below)

Primary school

Secondary school

Local authority coaching session (s)

Club

County

Other (please specify):

.....

Please indicate your preferred playing positions:

1st

2nd

3rd

What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, marketing. etc)

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MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g epilepsy, asthma, diabetes, etc.)

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EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in case of an emergency:

Contact Name:

Relationship (*i.e. mother/father/partner*).....

Emergency Contact Number:.....

Club Membership Fees

Club fees are payable monthly by Standing Order @ £12 for all members 16 years of age plus. These fees cover affiliation fees to England Netball, Avon Netball County Association, Netball South West, Club kit, Training Courses, Court Fees, Insurance and Monday training fees.

You will also be required to pay Match Subs. All match subs are £2 for all named squad players. These fees are to be collected by the team captain and are used to cover Umpire fees and Oranges. The remaining fees from the total collected are then given to the Treasurer at the following Monday nights training session.

By returning this completed form, I agree to my details being held by the club and will not be passed onto external parties without prior consent.

I understand that in the event of any injury, illness or emergency all steps will be taken to contact my Next of Kin.

Name (Please Print):.....

Signature:

Date: