



Andover Arrows Netball Club Membership Form



Player's Name DOB

Address

Telephone Postcode

E-mail address

Contact name and number in case of emergency

Which school does your child attend

Does your child have any medical condition that we should be aware of? YES/NO

If yes, please give details

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Name and surgery of doctor

We will occasionally use images of club members for publicity purposes. Do you give permission for photographs of your child to be used YES/NO

As with all sports, playing netball carries a small risk of injury. All sessions involving junior/youth are run under the guidance of qualified England netball Association coaches.

I consent to my son/daughter travelling by any form of public transport, minibus or motor vehicle driven by a Club Coach or any parent attending, to any event in which the Club is participating.

I authorise the leader of the party, or any other Club official accompanying the party who may be present, to consent to such medical treatment (including blood transfusions or surgery) which in the opinion of a qualified medical practitioner, may be necessary during any period of time when my son/daughter is with the Andover Arrows Netball Club, and away from direct parental control and direction.

I am/my child is happy to attend the Andover Arrows Netball Club and take part in all the activities. I understand and will abide by the Club Code of Conduct, Rules and commitment made to any Team/League fixtures.

Signature of parent/guardian
(Or player if over 18)

Name Date

This information is confidential and will only be used by Andover Arrows Netball Club to inform you of relevant information regarding club activities or in case of accident or emergency. We will not pass your details onto any third party