

Fairford Netball Club - Member Form

Player's name	
House Number or Name	
Street	
Town	
County	
Postcode	
Home phone	
Mobile	
Email	
Birthdate	
Player's signature	
Medical Information: (eg. allergies, medications)	
Emergency contact name	
Emergency contact numbers	
UNDER 18 PLAYERS must have consent from a parent/guardian	
Parent/Guardian name	
Parent/Guardian signature	
Parent/Guardian email address	

U18 Player's Parents/Guardians, please indicate that you consent to the following:

I consent that photographs may be taken of my child at matches, training sessions and netball events in which the club is participating and that photographs may be used in such way as the Committee approve

I consent that my child may travel in a motor vehicle driven by a club official or another parent/guardian attending an event in which the club is participating

<i>administrator's use only</i>	
Affiliation number	