**Parent/Guardian Consent & Club Membership Form**

*Please print clearly when completing this form.*

**Contact Information**

|  |  |
| --- | --- |
| Participant Name |  |
| Address |   |
| Postcode |  |
| Home Tel no |  |
| Mobile Tel no |  |
| Mobile (of parent/carer – U18’s)) |  |
| Email |  |
| Email (of parent/carer – U18’s) |  |
| DOB |  |

**Membership Type**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership** | **Description** | **Fee** | **Tick**  |
| Hi 5 U10/11 |  | £100 |  |
| U12/13 | Participation Player | £100 |  |
| U14/15/16 | Participation Player | £100 |  |
| U13/14 Performance | Hampshire League | £130 |  |
| U16 Performance | Hampshire League and competing to play Regional U16 Netball | £150 |  |
| Senior (Over16) | Senior Member playing senior matches only | £150 |  |

**Please tick the box that best describes your ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White British  |  | Asian or Asian British – Pakistani |  |
| White Irish |  | Asian or Asian British – Bangladeshi  |  |
| White Other  |  | Asian or Asian British – Other |  |
| Mixed – White and Black Caribbean |  | Black or Black British – Caribbean  |  |
| Mixed – White and Black Asian  |  | Black or Black British – African |  |
| Mixed – White and Black African |  | Black or Black British – Other |  |
| Mixed – Other |  | Chinese |  |
| Asian or Asian British - Indian |  | Other Ethnic Group |  |

**Medical Information**

Do you consider yourself to have a disability? YES / NO (delete as appropriate)

Please detail below any important medical information that our Coaches / Senior & Junior Coordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.)

1. Does your child suffer from any of the following conditions?

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma | Yes/No | Bronchitis | Yes/No |
| Chest Problems | Yes/No | Diabetes | Yes/No |
| Epilepsy | Yes/No | Fainting Attacks | Yes/No |
| Heart Trouble | Yes/No | Migraine | Yes/No |
| Raised Blood Pressure | Yes/No |  |  |

If YES to any of the above, please provide details:-

|  |
| --- |
|  |

1. Does your child suffer from any other medical condition requiring medical treatment, including medication? Yes/No

If YES to any of the above, please provide details:-

|  |
| --- |
|  |

1. Is your child allergic or sensitive to any medication, insect bites or food? Yes/No

If YES to any of the above, please provide details:-

|  |
| --- |
|  |

**Emergency contact details**

To be completed by all players / the parent/carer for U18’s

Please provide details below to indicate who should be contacted in event of an incident/accident.

|  |  |
| --- | --- |
| Contact name e.g. Partner/Parent/Carer |  |
| Emergency contact no.  |  |
| Contact name e.g. Partner/Parent/Carer |  |
| Emergency contact no.  |  |

I agree to abide by the following Club Policies:

* Code of Conduct
* Equity Policy
* Privacy Policy
* Any other Policy adopted by the Club in support of meeting England Netball requirements and standards

|  |  |  |
| --- | --- | --- |
| Signed by Club Member |  | Date: |

**Declaration for U18’s Only**

* I have completed the required medical detail and consent form and that in the event of any illness/accident any necessary treatment can be administered
* I understand that all information provided on this form will be held in a computerised database. This will be solely used for the information of Spire Reds Netball Club
* I consent for my child participating in Spire Reds Netball Club. Having read all the information, I declare my child to be in good health and physically able to participate.
* I understand that while involved in the delivery of training, all personnel will take every reasonable precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child
* I am aware that during training and matches, photographs and video footage may be taken for coaching purposes and for promotional use (website, social media etc). All children will be unnamed.
* I have noted the times of training and I understand I am responsible for my child’s prompt arrival and collection from venue.

|  |  |
| --- | --- |
| Name of Child |  |
| Name of Parent/Carer |  |
| Signature  |  | Date: |

**Please return this form for the attention of Andy Downer redsnetballlive.co.uk**