



England Affiliation No.

To be completed by club

CD Phoenix Sussex Netball Club

Registration Form

2019/20

I wish to register the player named below in CD Phoenix Sussex Netball Club
Please fill in the form below in BLOCK CAPITALS

Players full Name :	Team :-	Phone Numbers: Home..... Mobile No.
Home Address: Postcode.....	Doctors Name Doctors Phone number	Doctors Address..... Postcode.....
Date of Birth	Email address:	

Emergency contact details:

1 st Emergency contact's name:	Relationship to player:	Contact Phone Number:
2 nd Emergency contact's name:	Relationship to player:	Contact Phone Number:

MEDICAL / DISABILITY INFORMATION:

Please give full details of any allergies, medical conditions, disabilities, medications (dosage needed for emergency purposes), use of inhaler, etc.

.....
.....
.....

Are there any medications the player should **not** be given? Please list below.

.....
.....
.....

Do you consent to your contact details being shared with other team members? Y/N

Do you consent medical treatments in case of an emergency for the player? Y/N

Do you agree to take full responsibility for arranging travel to and from events/tournaments. Y/N
I will also satisfy myself that any driver transporting my child has my consent.? Y/N

Do you consent for the Club to publish photographs of the player on the Club website and in the press for club promotional and associated sports purposes? Y/N

Signature (of player if over 18 or of Parent if under 18): Date: