

St Agnes Netball Club

Senior Membership and Consent Form

Contact Information

Name	
DOB	
Address	Postcode:
Home Tel no	
Mobile no	
Email	

Annual Fees

Please ensure payment is provided for both Affiliation and Subs as detailed below.

Affiliations

Fee	Description	Fee	Due
Affiliation	England Netball (membership & insurance)	£40	Aug '16

Affiliation Payment Options	Description	Tick
Transfer	Full amount at start of season	
Cash or Cheque	Full amount at start of season	

Subs

Fee	Description	Fee	Due
Senior Subs	Training and playing with the Senior squad	£170	See options

Subs Payment Options	Description	Tick
Transfer	Full amount at start of season	
Cash or Cheque	Full amount at start of season	
Cheque Instalments	4 x £42.50 instalments: 4 cheques at the start of the season (1 st Sept 2016, 1 st Nov 2016, 1 st Jan 2017, 1 st Mar 2017)	
Standing Order Instalments	8 x £21.25 monthly standing orders starting 1 st Sept 2016 (copy of SO mandate to be provided)	

St Agnes Netball Club - Sort Code: **20-87-94** Account number: **70114847**

Please place all payments in an envelope with the Player's name on.

Ethnicity

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

Please detail below any important medical information that our Coaching Team and relevant Club Officers should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Any medical conditions and/or medication the club should be aware of? (delete as appropriate)	
Asthma	YES / NO
Epilepsy	YES / NO
Diabetes	YES / NO
Heart Condition	YES / NO
Back pain	YES / NO
Allergies	YES / NO Details
Is there any other medical condition the club should be aware of?	
Are you allergic to any medication?	
Do you use Ventolin or Salbutamol?	YES / NO
GP Name	Telephone
Surgery	

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name	
Emergency contact no.	

Contact name	
Emergency contact no.	

PLAYER CONSENT

Please tick:-

Photographs/Videos:

I give permission for photographs and videos to be taken of me by an authorised individual when at netball training / matches / fundraising / all events organised by St Agnes Netball Club.

These images are likely to be used for St Agnes Netball website, publicity materials and for press coverage.

Data Protection

The information supplied on this form will be kept secure and accurate and will only be disclosed to other appropriate club members if necessary in accordance with Data Protection Act 1998 (please refer to Privacy Policy on club website www.stagnesnetballclub.co.uk).

St Agnes Netball Club holds private computer records of the details of all members. This database is purely for administration only. The club is required to supply information to England Netball and the Local Authority regarding the age groupings, ethnicity and addresses of members. Information regarding individual members will NOT be passed on to any other party other than England Netball and Cornwall Netball when appropriate.

I give permission for this personal information about me to be stored by the club.

I give permission for my contact details to be included in a contact sheet that will be circulated to club members.

Please give details below if you refuse permission for any of the above:

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Use of Social Media

All club members should always behave responsibly and respectfully when online or texting. They should not post or discuss unfavourable comments about coaches, players, any helper or volunteer, parent or club/s.

I agree to the terms of Use of Social Media

By returning this completed form, I agree to update the club immediately in the event that any of the information provided changes.

Player's Name.....

Signature of Player..... Date.....

Please return this form to: Donna Trevelyan, Secretary