REGISTRATION & CONSENT FORM

The information requested be for the safety and wellbeing of the participants, please answer all questions truthfully and accurately as possible.

PARTICIPANT DETAILS *(Please Complete in BLOCK CAPITAL letters)*

Name			
Address			
Postcode			
Telephone number(s)	**t:**	**m:**	
Email Address	❑		
Date of Birth	/ /	**Age:**	
School / College			

REFERRAL INFORMATION

Please describe how you found out about this netball club?	

MEDICAL INFORMATION

We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care

Do you have? *(Please tick ✓)*	❑ Asthma ❑ Diabetes ❑ Epilepsy ❑ Heart Condition	
Are you currently being prescribed any medication?	❑ Yes ❑ No	*(If YES please state details. i.e: times to be taken, dose etc)*
Have you been in contact with or had any contagious or infectious disease in the last four weeks?	❑ Yes ❑ No	*(If YES then please give details:)*
Have you had a tetanus injection in the last 5 years?	❑ Yes ❑ No	*(If YES then please give date:)*
Any other medical information, dietary needs or food allergies:		

EMERGENCY DETAILS

In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?

	Contact 1	**Contact 2**
Name:		
Address:		
Telephone - Home		
Telephone – Work		
Telephone - Mobile		

Parent / Guardian Name _____ (Please Print)

Parent / Guardian Signature _____

Relationship to the person named above _____ (i.e Parent/Carer)

Date _____/_____/_____