My Game

Back to Netball Registration Form

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM

First Name:	DOB:	Email Address:
Surname:	* 4	4 * * * *
Gender:	Address:	
Male Female	County:	Postcode
Ethnicity: White Asian/Asian British Mixed Ethnicity Have you played netball in the last 12 months?		
Black/African/Caribbean/Black British	Other	Yes No
Relevant medical information:	Do you have a long term illness, health problem or impairment that limits your	
	daily activities? Yes No No	
Do you require any adaptations?	If yes please specify with the following categories:	
* * *	Physical disability Social or behavioural problems Deaf or hard of hearing Other	
F 🕦 + '_ ' F	Blind or visual impairment Mental health problems Learning disability Prefer not to say	
Emergency contact details: Name: Contact Number:		
England Netball (AENA) will retain and use your personal data for the purpose of your participation in netball, for regulatory reasons and to provide you with		
information about netball. We would also like to contact you with other information.		
Please tick here to allow England Netball and our Partners to email you the latest netball news and offers England Netball will not be liable for any loss, damage to or theft of participants' personal property or for any injury sustained during or as a result of		
participation in a session. Full Terms and Conditions and England Netball's Code of Conduct can be found at www.englandnetball.co.uk/BacktoNetball		
I have read, understand and accept the Terms & Conditions and agree to participate in line with England Netball's Code of Conduct.		
Signed	(Parent or Guardian if under 18) Date	
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