**Personal Details:**

Name: …………………………………………………………………………………….

DOB: ………………………………………………………………………………………

Address: ………………………………………………………………………………….

………………………………………………………….Post code: …………………….

Mob: ………………………………………………………………………………………

E-mail: ……………………………………………………………………………………..

**Next of Kin:**

Name: ………………………………………………………………………………………..

Contact Number: ……………………………………………………………………………..

**Other details:**

Any relevant medical information (e.g. epilepsy, asthma, diabetes, allergies etc)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Do you consider yourself to have a disability? (Yes or no)………………………………

If yes, do you require any adaptations?.........................................................................

Do you give consent for photographs and videos to be taken of you / your child at netball (fixtures, training or other events)? (yes or no)…………………………

Do you give consent for these images to be used on our social media platforms and website? (yes or no)……………………………..

**GDPR – Wattisham Blades NC will retain your personal data in a safe and responsible way and will not sell your information to third parties. The club will contact you only regarding matters about the club.**

**Wattisham Blades NC operates a zero tolerance policy for player and supporter misconduct. The Code of Conducts for Players, Spectators, Parents / Carers, Umpires and Coaches are available to view on the club website and are sent to each member at the beginning of each season. By signing this form, you are agreeing to abide by this code of conduct.**

**Signature: Date:**