



PLAYER REGISTRATION FORM

This form is to be completed in addition to the **age relevant** England Netball Affiliation form and returned **with player fees** at the first training session, please.

Player first name		Player surname	
Emergency contact name (1)		Emergency contact number (1)	
Emergency contact name (2)		Emergency contact number (2)	
GP name		GP phone number	
GP surgery address			
Allergies/medical conditions/disabilities			

I confirm that I/we:

- have read the LANC handbook (on the LANC website, www.leedsathleticnetballclub.org.uk)
- accept the LANC ethos and rules as set out in the handbook
- will ensure that fees (as set out on the LANC website) are paid in full either at the start of the year or by the agreed deadlines for instalments
- will notify LANC of any changes to player or emergency contact details immediately.

Signed by player

Date

Signed by parent/carer (for junior players)

Date

PHOTOGRAPH/VIDEO PERMISSION

From time to time, we may wish to take photographs/videos of members of LANC, for the purposes of: publicity for LANC (local paper, England Netball Magazine, LANC website etc); publicity of an event, or to be used as a visual aid for the players/coaches when analysing technique or skills. In order to do this, we need your permission.

I give permission for me/my child to appear in photographs/videos for LANC for the purposes outlined above.

Signed by player or parent/carer (if player is under 18):
