

Norfolk Netball Screening Player Registration Form

PLEASE ATTACH A PHOTO (HEAD SHOT ONLY)

Name:

Address:

Telephone No: Mobile No:

Email:

DOB :Age:School Year: (as of the 1st September 2018)

Preferred Playing Positions: 1st Choice 2nd Choice 3rd Choice

School: Club:

Emergency Contact Name & Telephone No (both landline and mobile if available):

Relationship to player:

Medical Condition/Allergies/Injuries (Please state – continue overleaf if necessary):

I give permission for to attend Norfolk Academies Screening on Saturday 19th May 2018. If she is injured or taken ill during screening, I agree that first aid may be given in my absence.

Parent/Guardian Name:

Relationship to player:

Signature:

Name of person making nomination:

Position: Teacher / Coach (please delete as appropriate)

School: Club:

Signature of teacher/coach:

Please complete and return with photo to email address:
ncnanetballscreening@gm