

AK Netball Club Registration Form

Please return to: School Office or email - julie_andrews@live.co.uk

Name:

Age:

Class:

Contact number in case of emergency during the time your child is with us:

Name:..... Number:.....

Relationship to child:.....

Will your child walk home on own (yes / no) or who will be collecting your child

Name..... relationship to your child

Medical Conditions:

My child needs an inhaler/ medication and will have this with them for netball

(additional comments).....

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Your name:

Contact number:

Email address:

Secondary contact name:

Secondary contact number:

I understand that netball is a high impact sport which involves running, turning quickly and jumping. I recognise injury can be sustained by playing netball as it can in any very active sport. I understand the potential risks involved with netball and will advise the school, should my child not be fit to play or be suffering from an injury which maybe made worse by netball. For safety reason I will make sure my child also has suitable footwear and any jewellery taped or removed, hair tied back and nails short.

Signature.....

Date