

**Newtonhill Netball Club
Ladies Netball**



2017/18 Session

Fees for the year are £160.00, payable in 2 instalments (Aug & Jan). If you would like to play in league, we also require £34 (for full-time students) or £48 (non students) to cover affiliation fees for ADNA and Netball Scotland. Payment (£34 or £48 affiliation fees due immediately, £80 due by end September and £80 by end January) should be made by cheque (payable to Newtonhill Netball Club) or by bank transfer to Bank of Scotland, Sort Code 80-05-17, Acc No 06007611 (please quote your surname as reference). Fees are non-refundable.

Training time is Monday from 8-10pm beginning Monday 21st August.

Name

Address

.....

Post Code

Tel No.

Email

(please note this will be used for majority of correspondence)

Date of Birth

Emergency contact name and telephone number during session time.

.....

Please give details of any special needs the coach should know about.

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Declaration

I understand the nature of the activities to be undertaken and consider myself fit to take part

I agree/do not agree to my photo being taken and used for publicity purposes
(please delete as appropriate)

Signature
(of parent/guardian if under 18)

Date

Medical Information

Name

In the event of an emergency it is important that the person in charge of the group has the necessary information about any medical condition that may affect your treatment. All information given will be kept strictly confidential. It is in your interest that full and accurate information is given.

a) Recent surgery for

.....

b) Any known allergies e.g. penicillin, nuts

.....

c) Details of any medical condition e.g. asthma, epilepsy

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- Are you aware of what you should/should not participate in/ be in contact with/ consume?

.....

- List any symptoms which may occur

.....

- Any medication required

.....

- Anything else we should know about this/these medical condition(s)

.....

d) Are you currently undergoing treatment by a doctor YES/NO (If yes please give details)

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e) Any additional information e.g. special diet

.....

f) Please state any restrictions you wish to place on emergency medical or surgical treatment.

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Medical Consent

In the case of illness or an emergency, I consent to whatever medical/surgical treatment is deemed appropriate, including where necessary the administration of local, general or other anaesthetic.

Signature
(of parent or guardian if under 18)

Date.....