



**Junior Membership Form**

**Contact Information**

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Tel No</b>	
<b>Mobile (of parent/carer)</b>	
<b>Email (of parent/carer)</b>	
<b>Date of Birth</b>	

**Please tick the box that best describes your ethnicity**

*Please leave blank if you do not wish to complete*

White British	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Black Asian	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

**Medical Information**

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Do you consider yourself to have a disability?..... Yes  No

If yes, what is the nature of your disability? .....

### Emergency Contact Details

To be completed by the parent/carer – please supply two emergency contacts. Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. Parent/Carer	
Emergency contact no.	

Contact name e.g. Parent/Carer	
Emergency contact no.	

### Privacy Statement

This form is produced by Focus Netball Club who as data controller will use the data collected for several purposes and on the lawful basis as set out below.

#### Performance of a contract:

Focus Netball Club will retain the personal information on the form in order to facilitate your participation in netball.

#### Legal obligation:

We require your medical information for the purposes of preventive or occupational medicine so that the deliverer can provide a safe environment for you.

We are legally obliged to record ethnicity and disability data for the purpose of identifying the existence or absence of equality of opportunity, with a view to enabling such equality to be promoted or maintained.

#### Consent

Focus Netball Club may occasionally take photographs or videos to be used for marketing and promotional purposes. Please note we will never publish names with images.

Please tick here if you permit Focus Netball Club to use your image for these purposes.

Focus Netball Club would like to send you marketing and promotional materials and special offers. Please provide your consent for us to contact you by:

Email  SMS

You may withdraw your consent at any time by notifying [focusnetball@outlook.com](mailto:focusnetball@outlook.com)

You have a right to request a copy of the personal data that Focus Netball Club holds about you at any time. If you wish to do so, please email [focusnetball@outlook.com](mailto:focusnetball@outlook.com).

For further information about what data we collect, why it is collected and what we do with it, please see our full privacy policy at [www.focusnetball.co.uk](http://www.focusnetball.co.uk)

I have read, understand and accept the Terms and Conditions and Privacy Policy and agree to abide by England Netball's Code of Conduct (available at [www.focusnetball.co.uk](http://www.focusnetball.co.uk)).

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of Parent/Carer		
Signature		Date

Please return this form and subscription to:  
Sharon McCabe, 61 Hookfield, Epsom, KT19 8JQ or hand in at a training session.