**Senior Membership Form.**

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Home Tel no |  |
| Mobile |  |
| Email |  |
| DOB |  |

**Membership Type**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership** | **Description** | **Fee** | **Tick** |
| Student (U18) | Full time student playing senior matches |  |  |
| Senior >18 | Playing at Senior practice and in matches |  |  |

**Medical Information**

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

|  |
| --- |
|  |

**Emergency contact details**

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

|  |  |
| --- | --- |
| Emergency Contact name |  |
| Emergency contact no. |  |

|  |  |
| --- | --- |
| Emergency Contact name |  |
| Emergency contact no. |  |

By returning this form I agree to this information being held by Didcot Netball Club and consent to information being used/stored when necessary at practice and matches, where information access is required.

I have read and understood the clubs Privacy Policy

<http://didcotnetballclub.co.uk/wp-content/uploads/2016/05/Didcot-Netball-Club-Adult-Member-Privacy-Policy-Final-2018.pdf>

I consent to email correspondence for all Didcot Netball club information

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Signature |  | Date: |