

Comberton Netball Club - Player Registration Form

2007 -2008

Name: *

* = Must be completed

Address: *

Date of Birth: *

Home Telephone: *

Mobile Phone: *

Email address: *

Club Membership Type: *	Please tick	Playing level/ team you wish to be considered for: *	Please tick
Adult	<input type="checkbox"/>	East Regional	<input type="checkbox"/>
U16	<input type="checkbox"/>	County	<input type="checkbox"/>
U18	<input type="checkbox"/>	South Cambs Div 1	<input type="checkbox"/>
2nd Claim Affiliation	<input type="checkbox"/>	South Cambs Div 2	<input type="checkbox"/>
		South Cambs Div 4	<input type="checkbox"/>
		Training only	<input type="checkbox"/>
		Junior League	<input type="checkbox"/>

**** NOTE - Attendance at training and match availability is required for team selection
 Do not indicate a team above if you cannot commit to training and match play**

Are you happy for your details to be distributed to other club members? (this will be used for arranging matches etc.)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Are you happy for club photographs that you appear in to be used for publicity purposes, including on our website?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Are you happy for club members to contact you by text or email?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Note - If player is Under 18 parent MUST indicate agreement

I agree to abide by the Code of Conduct and any Rules and Regulations of Comberton Netball Club

Signature of Player _____

If under 18 parent or guardian to sign below to consent to registration and complete Young Player section overleaf

Signature of Parent/Guardian _____

Club use only

Affiliation Fee paid Date Paid

Affiliation Number Method of pay't



Young Player Registration Form

To be completed by the Parent or Carer of any player under 18 years of age

I wish to register the player named overleaf to **Comberton Netball Club**

Parent/Carer Name

Parent/Carer Address
If different to player

Emergency Contact phone

Names of sisters or brothers attending the Club

Medical Information

Please note if the player suffers from any allergies, takes any medication, has hole in the heart or uses inhalers please list below.

Dietry Information

Other information

[Are you happy for club members to contact your child directly by text and/or email?](#)

<input type="checkbox"/>
<input type="checkbox"/>

Yes
No

If you (parent/carer) wish emails/texts relating to club to be sent to you, please give email address and/or mobile

Email: Mobile No:

Signature of Parent/Carer _____

Parent/Carer (Print Name) _____

Date _____



COMBERTON NETBALL CLUB

PLAYERS / MEMBERS CODE OF CONDUCT - must be completed by all

Treat team mates, coaches, umpires and opponents with respect
Have fun, reach for the top and always try your best
Umpires are there to interpret the rules for you: accept their decisions
Never use bad language or insult opponents, coaches or spectators
Do not try to gain an unfair advantage over opponents
Enjoy yourself, know the rules of netball and play by the spirit of the rules
Realise that without opponents there wouldn't be a game!

I agree that I will abide by the Code of Conduct and confirm that:

- a) I shall accept the codes of conduct
- b) I shall not act in any way that might bring Comberton Netball Club or the England Netball Association into dis-repute
- c) I shall not act on behalf of Comberton Netball Club or represent the interests of the club without approval from the Club's committee
- d) I shall comply with such regulations and procedures, including doping control rules as laid down by AENA at any time
- e) I shall support drug free and ethical sporting practices
- f) I shall respect differences in gender, disability, culture, race and religious beliefs at all times

Signature: _____

Printed Name: _____

Date: _____

Countersigned by Parent/Carer if under 18 years

Signature: _____

Printed full name: _____

Date: _____

Relationship to above: _____

