

STORM NETBALL CLUB

SENIOR REGISTRATION FORM

Name of Player

Age Date of Birth

Address

.....Postcode.....

 TelephoneMobile

any other contact number (in case of emergency)

Does you have any medical condition that we should be aware of?

YES/ NO

(this information will remain strictly confidential as is only required in case of accident or emergency)

If yes, please state:

.....
.....

If still at College / University, please state which:

.....

Please sign the following:

I wish to become a member of Storm Netball Club and understand the terms and conditions of my attendance.

SignatureDate

Thank you for your cooperation

The purpose of collecting this data is to hold a database on all current STORM Club players. The data is stored in a secure area. The data will be used for STORM Netball club internal use only and will be destroyed 2 years after a member leaves the STORM Netball Club.