



**NORTHAMPTONSHIRE COUNTY NETBALL PERFORMANCE
PROGRAMME 2016/17**

Name:			
Address:			
DOB:		Email:	
Tel no:			
Allergies/Injuries:			
Medication:			
Club:		EN Affiliation Number:	
Playing positions:	1	2	Emergency Contact Name
Emergency Contact Tel No:			
<p>My child is in good health and I consider her capable of taking part in the above screening. I have completed the medical details and consent that in the event of any illness/accident any necessary treatment can be administered to my child which may include the use of anaesthetics. I understand that while coaches and personnel will take every precaution to ensure that accidents do not happen they cannot be held responsible for any loss, damage or injury suffered to my child.</p>			
<input type="checkbox"/> I have enclosed a cheque for the amount of £7 (non-refundable) made payable to NCNA –Performance Group			
Signed (parent /guardian):			Date:

Closing date for entries is 1st June 2016

Please return the form and cheque to
Mrs Stacey Poole, Jasmine Cottage, The Green, Twywell,
Northants, NN14 3AH