

REGISTRATION & PARENTAL CONSENT FORM FOR U18'S TO PARTICIPATE IN KIDLINGTON KITES NETBALL

Parents / Carers of Participants & Volunteers under the age of 18 are required to sign this Form.

Parent/Carer's Name:



Parental Consent Statement

- I agree to my child's participation in Kidlington Kites Netball Club Sessions, League matches and Tournaments.
- I have completed medical details below, and consent that, in the event of any illness or accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.
- I understand that, while the adult officials will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury caused to my child.
- I acknowledge the need for my child to behave responsibly.

Travel Arrangements

My child will be making his/her own arrangement for getting to and from a specified site

Young Person's Details (please PRINT clearly and use separate form for each member)

First Name:		Surname:	
D.O.B.	Age:	School:	School Year:
Home Address inc. Post code			
Telephone			
email			

Young Person's Medical Information

Does your child have:			
Any allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Any Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Any disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Doctor's Name		Doctor's Surgery	
Doctor's Tel no		Surgery Address	
<i>I confirm that, to the best of my knowledge, my child does not knowingly suffer from any medical condition other than those detailed above and that I will inform England Netball if this changes.</i>			
Parent Name Printed:		Parent Signature:	
Relationship to Child:		Date:	

Use of Photographic and Video Images of Children/Young People

Please read our [Policy on the Use of Photographic and Video Images of children/young People](#).

Statement of Parent/Carer and Young Person

I authorise the use of images resulting from any photo or film shoot in line with the EN Policy (available on website)

Signed by Young Person:		Signed by Parent/Carer:	
Date		Date	

Disabilities/Special Learning Requirements.

Please state

Age Group required

Tick the group you will be joining, write the date of your first session, and bring this form along.

U13 School Years 5-8 Saturday mornings Date of First Session attending:	U15 School Years 9&10 Saturday mornings Date of First Session attending:	U17 School Years 11&12 Saturday mornings or Tuesday evenings Date of First Session attending:
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Location and times can be found on www.kidlingtonkitesnetball.club Please let the Membership Secretary know in advance of attending so the Coach can be ready to welcome you.

You can have up to 3 taster sessions to decide on joining, and then the full year or term fees apply. You will need to affiliate to **England Netball** to join in full – we send joining instructions after the taster sessions.

Please return this form:

- By email: kitesmembership@hotmail.com
- By post: Membership Secretary, Kidlington Kites Netball Club
c/o 43 Hurst Rise Road, Oxford, OX2 9HE

Privacy Notice

Kidlington Kites Netball Club use the data you share here to ensure we can fulfil the services expected from us when you join the club: providing Club notifications, supporting your netball development needs, and keeping you safe. You can find out more about how we process personal data in our [Privacy Policy](#)