Magic Netball Elite Camp

PLAYER REGISTRATION FORM

Wednesday 29th August – For current Year 7,8 and 9 players (to be Year 8,9 and 10 in September)

Thank you for choosing to attend Magic Netball Summer Camp! We look forward to welcoming your daughter in August. Please complete the personal information and medical history. By returning this form via email you are agreeing all the information supplied is correct at the date of return. We will keep your details secure and locked on an online drive.

On return of this information and payment we will send a camp place confirmation email.

Payment details-
Magic Netball Club - Natwest
Account number: 86674978
Sort Code: 60-04-11

Cost-

£40 per player

£35 for Magic members

**PERSONAL DETAILS:**

|  |  |
| --- | --- |
| Full name |  |
| Home phone number/ mobile number |  |
| Parent Email address |  |
| School year andname of School |  |
| Playing History (e.g. school netball, club netball, satellite, regional etc) |  |
| Date of birth |  |

**MEDICAL INFORMATION SHEET:**

Please give as much information as possible so that we can ensure the correct treatment is given in the event of an emergency. The information will be kept strictly confidential. This is in accordance with our Duty of Care guidelines from The England Netball Association.

Telephone numbers in case of Emergency

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | RELATIONSHIP | TELEPHONE NO |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Medical Information

Please tell us of any previous history even if you think it is trivial.

If your child suffers from any of the following please give details of condition, i.e. treatment needed in emergency etc. If you need extra space, then please give more details on an additional page.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES  | NO | DETAILS |
| Asthma |  |  |  |
| Diabetes |  |  |  |
| Epilepsy |  |  |  |
| Allergies |  |  |  |
| Migraine |  |  |  |
| Poor Circulation |  |  |  |
| Panic Attacks |  |  |  |
| Other conditions |  |  |  |

Do you consider your child has a disability. If yes, please state:…………………….

…………………………………………………………………………………………..

………………………………………………………………………………………….

If your child has suffered ANY injuries during the last 12 months, please give details below:

|  |  |
| --- | --- |
| TYPE OF INJURY | TREATMENT GIVEN by whom & date |
|  |  |
|  |  |
|  |  |
|  |  |

ADDITIONAL INFORMATION,

|  |
| --- |
|  |

SIGNED (PRINT NAME) ………………………………………………………………………………….… (Parent / Guardian)

DATE …………………………………………………………………