

## Ashtead All Stars Netball Club Membership Form

Club name:	Ashtead All Stars
Club Affiliation Number:	18192
Website address:	www.ashteadallstars.com

All prospective members of Ashtead All Stars Netball Club are required to complete this Membership Form and return it before the start of the season, along with payment and Parent and Player Codes of Conduct.

Please return to: Monica Church; 18 West Farm Avenue KT21 2LG

All details will be kept on a secure database with access restricted to authorised officers

Section One: Member Contact Details		
Surname:	First names(s):	Preferred name:
Date of birth if U18:	School (for Minis and Juniors only):	School Year from Sep (for Minis and Juniors only):
Home address:		
Postcode:		
Daytime Phone number:	Evening phone number:	Email address (of parent if U18):

Section Two: Emergency Contact Details:			
Name:	Address:	Relationship:	Phone/mobile number:
1.			
2.			
3. (optional)			

**Section Three: Consent**  
 (Please complete all 4 questions if player U18, and just the 4th question for adults)

Parent's/guardian's signature	
I give permission for my daughter to participate in training.	
I give permission for my daughter to participate in matches and tournaments.	
I understand that it is my responsibility to arrange transport for my daughter to and from matches/tournaments and to supervise my daughter or arrange supervision at these matches/tournaments. Coaches/Umpires are unable to supervise players.	
I give permission for the information contained on this form to be stored on a secure database with access restricted to authorised officers	

**Section Four: Medical Information and Consent**  
 (To be completed by parent or legal guardian if U18)

In case of emergency and as part of the Ashtead All Stars responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone no:
Doctor's name:	Surgery:	Doctor's phone number:
Do you/your child* suffer from any allergies?		
Do you/your child* take any regular medication? If so, for what reason?		
Do you/your child* have any illnesses/injuries or any other condition that we should be aware of?		

**Disability:** Do you consider yourself to be disabled under the Equality Act 2010? This Act defines a person as disabled as an individual that has a physical or mental impairment substantial and long-term negative effect on their ability to carry out normal activities. If so, please give details:

I consider myself/my daughter\* to be physically fit and capable of full participation and agree to notify Ashtead All Stars of any changes to the medial information provided. Furthermore, in the event of injury or illness I give my permission for the team managers/coaches appointed by Ashtead All Stars to perform basic first aid or the obtain emergency medical treatment for myself/my daughter\*. (\*please delete as appropriate)

Signed (by parent if U18):	Date:	Relationship:

#### Section Five: Photographic consent

It is a requirement of Ashtead All Stars Netball Club policy that parental/legal guardian consent is provided for photography. The Ashtead All Stars Member's Code of Conduct, Safeguarding Policy and photographic policy are available on request.

In some environments, particularly competitions, it is impossible to control photography by external parties, however there may be times that photographs and/or footage may be taken during matches and training sessions. Such images shall only be used for publicity/training purposes in accordance with the Ashtead All Stars Safeguarding Policy and Photography Policy.

- \*I hereby give Ashtead All Stars Netball Club permission to take photographs and videos of myself/my daughter\* for training purposes.
- \*I hereby give Ashtead all Stars Netball Club permission to use photographs and videos of myself/my daughter\* in publicity (including the newspapers, magazines and TV).
- \*I hereby give Ashtead All Stars Netball Club permission to use photographs and videos of myself/my daughter\* on their website and in their publicity and information material.

\*Delete if required

Parent's signature:	Date:	Child's signature:

Please add any additional relevant information: use a separate page if necessary.

**Section Six: Payment Details**

For Minis and Juniors: younger and further siblings' subs are discounted by 15%

Any queries regarding subs, please contact the Treasurer, Jane Davies: 01372 272578 or treasurer@ashteadallstars.com

**Amount paid for Minis & Juniors** (please indicate by ticking relevant boxes):

First child:  £110

OR  Sibling:

£93.50

**Amount paid for Adults** (please indicate by ticking relevant boxes):

£150

**Walking netball**

£110

**BACS PAYMENTS** PLEASE TRANSFER TO:

Sort Code: 60-12-36

Account No: 33111642

Account name: Ashtead All Stars Netball Club

**Please quote player's name as reference**

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