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| --- | --- |
| Name: |  |
| DOB: |  |
| Address: |  |
| Contact number: |  |
| Affiliation number (if existing member): |  |
| Age group registering for: |  |
| Medical details (if applicable): |  |
| Disability details (if applicable): |  |
| Emergency contact name: |  |
| Emergency contact number: |  |

If under 18, please sign below to confirm parental and photo/film consent.

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**Return to:** trinitynetball@hotmail.com

**Payment:** £180 (u14-seniors) £50 per half season (u12)

to Trinity Netball 20-65-18 50889482

Please visit our website to view club policies and documentation. All club members are expected to adhere to club standards.

**REGISTRATION FORM**

**23/24**

**www.trinitynetball.com**

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