

# ENGLAND NETBALL REGISTRATION FORM (UNDER 16 YEAR OLDS)



## MANDATORY INFORMATION REQUIRED FOR AFFILIATION – Please complete in BLOCK CAPITALS

Membership Number (if applicable)			
Affiliation Type: (Please tick)	<input type="checkbox"/> Player/Coach/Umpire		
Surname:		Forenames:	
Home Address:			
Postcode:		Email:	
Phone Numbers:	H:	M:	
Date of Birth:	DD/MM/YYYY	Gender: (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardians Details			
Surname:		Forenames:	
Home Address:			
Postcode:		Email:	
Phone Numbers:	H:	M:	

Ethnicity (Please tick as applicable)	Religion (Please tick as applicable)	Disability (Please tick as applicable)	
<b>As defined by the 2011 Census</b>	<b>Christian</b> (including Church of England, Catholic, Protestant and all other Christian Denominations)	Do you consider yourself to be disabled under the Equality Act 2010? The Equality Act 2010 defines a person as disabled as an individual that has a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal activities	
<input type="checkbox"/> White – British			
<input type="checkbox"/> White – Irish			
<input type="checkbox"/> White – Gypsy or Irish Traveller			
<input type="checkbox"/> White – Other White Background			
<input type="checkbox"/> Mixed – White & Black Caribbean			
<input type="checkbox"/> Mixed – White & Black African			
<input type="checkbox"/> Mixed – White & Asian			
<input type="checkbox"/> Mixed – Other Mixed Background			
<input type="checkbox"/> Asian or Asian British - Indian			
<input type="checkbox"/> Asian or Asian British - Pakistani			
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<b>Any Other Religion</b> <b>No Religion</b>	<input type="checkbox"/> Blind or Visually Impaired	
<input type="checkbox"/> Asian or Asian British – Other Asian Background		<input type="checkbox"/> Deaf or Hard of Hearing	
<input type="checkbox"/> Asian or Asian British - Chinese	<b>Prefer Not to Say</b>	<input type="checkbox"/> Physical Impairment	
<input type="checkbox"/> Black or British – Caribbean		<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Black or British – African		<input type="checkbox"/> Social or Behavioural	
<input type="checkbox"/> Black or British – Other Black Background		<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Other		<input type="checkbox"/> Multiple Disabilities	
<input type="checkbox"/> Prefer Not to Say		<input type="checkbox"/> Any Other Impairment	
		<input type="checkbox"/> Prefer Not To Say	

**DATA PROTECTION:** England Netball, your Region(s) and County(s) will use your personal data (including potentially sensitive data) for the purpose of your participation in Netball, for regulatory reasons and to provide you information about Netball.

Tick here if you would like England Netball & our Partners to tell you more about our netball news and offers by email

**AFFILIATION DECLARATION:** I certify that all the information is correct and agree to abide by the laws of the game and England Netballs rules, regulations and disciplinary requirements.

Signature		Date	
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