

## England Netball Athlete Profile Sheet & Parent Consent Form

Cambridgeshire County Netball Association  
Satellite & County Academy 2017/18



The information submitted in this form will be used by England Netball for the purpose of providing the staff working within the EN Performance Pathway with basic information concerning the athletes they are working with. It will also be used for tracking players in the Performance Pathway.

England Netball/Cambridgeshire Netball Association Academy programme will not pass personal details of any athlete to 3rd parties without their prior consent, and will never pass on details to other organisations for marketing purposes.

### Personal Information

First Name: <i>(As Shown on Passport)</i>		Middle Name: <i>(As Shown on Passport)</i>		Surname: <i>(As Shown on Passport)</i>	
Full Address including Post Code					
England Netball Membership/Affiliation No:					
Date of Birth:					

### Parent / Guardian or Next of Kin Details *(this information is compulsory)*

Name:		Relationship:	
Home Number:		Mobile Number:	
Work Number:		E-mail Address:	

### Medical Information

If any, please note any medical problems you have <i>(e.g. asthma, diabetic, nut allergy)</i> :	
If any, please note any medication you are taking:	
If any, please note any injuries you have: (current injuries, serious previous injuries including approx. date)	

### School/College/University Information

School/College/University:		Year:	
Address:		Postcode:	
Staff Name:		Staff e-mail contact:	

### Club details

Name of Club:	
Name of Coach	

Please turn over

Please list all authorised names for the collection of your daughter after training sessions:

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I confirm that my daughter \_\_\_\_\_ (print name of young person) wishes to participate in the Cambridgehire Netball Academy programme. I can confirm that the information given above is correct and that she is available to attend the coaching sessions. I have completed the medical details and consent that, in the event of illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while the coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my daughter.

Signed \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Please sign your name here Please print your name here

Date \_\_\_\_\_

I give consent for the above information to be stored on the England Netball database and to be accessed only by the appropriate persons.

**Please return this form by email to [netballadmin@cambscna.org](mailto:netballadmin@cambscna.org)  
by 31 July 2017**

**PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND REMEMBER TO MAKE YOUR  
PAYMENT FOR THE FIRST INSTALLMENT OF FEES BY 1 SEPTEMBER 2017.**