

PANTHERS ELITE APPLICATION FORM

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| Childs Name |  |
| Childs Date of Birth and School Year |  |
| Parents Contact Number and Email |  |
| School child attends |  |
| Training venue attending | All Hallows  |
| Any health issues that may affect child’s training (including allergies) | \*Medication of any sort must be clearly labelled and available at all times\* |
| Second emergency contact details |  |
| I give permission for Panthers Elite to use your child’s photo on their website |  YES NO |
| I give permission for emergency medical attention to be provided to my child if required |  YES NO |
| Where did you hear about Panthers Elite? |  |
| Any other information/previous netball experience |  |
| I declare that all information given is correct Parents SignatureParents Name |  |