

## PANTHERS ELITE APPLICATION FORM

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 clear	ly 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 Signature Parents Name		