

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 | Hawley Farnham Holiday Camp  \*please note no refund will be given on camp payments\* |
| Any health or disability issues that may affect child’s training (including allergies).  Please provide full details  Please note that depending on your response we may require you to complete an additional medical/disability form. | \*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 Signature  Parents Name |  |