## **Registration Form**

First Name:		DOB:		Email Address:		
Surname:				Contact Number	er:	
Gender:		Address:				
Male Female	е	County:		Postcode		
Ethnicity: White	Asian/Asian I	British Mixed Ethr	nicity 🗌	Have you playe	d netball in the last 12 months?	
Black/African/Caribbean/Black British		Other		Yes No	]	
Relevant medical in	formation:	Do you have a long term illness, health problem or impairment that limits your				
		daily activities? Yes No				
Do you require any	adaptations?	If yes please specify with the following categories:				
		Physical disability Social or behavioural problems Deaf or hard of hearing Other				
		Blind or visual impairment Mental health problems Learning disability Prefer not to say				
Emergency contact details: Name: Contact Number:						
What is your main reason for attending this Walking Netball session?						
Social reason (to meet new people, to attend Returning from with my friends, to avoid loneliness)				e my general and fitness	Improve a specific health or fitness concern (e.g.: recovery from an illness)	
Improve my general health & fitness Other (please state)						
England Netball (AENA) will retain and use your personal data for the purpose of your participation in netball, for regulatory reasons and to provide you with information about netball. We would also like to contact you with other information.  Please tick here to allow England Netball and our Partners to email you the latest netball news and offers						
VALXING	England Netball will not be liable for any loss, damage to or theft of participants' personal property or for any injury sustained during or as a result of participation in a session. Full Terms and Conditions and England Netball's Code of Conduct can be found at www.englandnetball.co.uk/Walking_Netball					
	I have read, understand and accept the Terms & Conditions and agree to participate in line with England Netball's Code of Conduct.					
ALIBAL!	Signed (Pare		(Parent or Gua	or Guardian if under 18) Date		
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England netball