



Hampshire Netball Open League 2018/2019



Registration Form

Club Name: _____ Club Id: _____

	Playing Position	Name	D.O.B.	Email	Signature	Affiliation Number
1			/ /			
2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			
9			/ /			
10			/ /			
11			/ /			
12			/ /			
Team Official	Coach		Phone:			
Team Official	Manager		Phone:			
Team Official	Primary Carer		Phone:			
Team Official			Phone:			
Team Official			Phone:			
SCORER			Phone:			

Coach to sign to confirm validity of information provided on this page. I agree that all the players named above have given consent for close range photography for this competition.

Name of Coach: _____ Signature of Coach: _____

Please use continuation sheets for any additional personnel.

BY COMPLETING THIS FORM YOU ARE CONSENTING TO HNA KEEPING ON RECORD YOUR CONTACT DATA FOR THE PURPOSE OF OPERATING THE LEAGUE. THIS WILL DESTROYED BY SHREDDING AT THE END OF THE SEASON. ELECTRONIC INFORMATION WILL BE KEPT ON A PASSWORD PROTECTED MEMORY STICK. HARD COPIES WILL BE STORED IN A LOCKED CABINET. FULL DETAILS REFER TO PRIVACY DOCUMENT