** www.sheffieldconcordnetball.co.uk**

**Years 3-6 Junior Club Training 2019-20**

**Please see separate sheet for dates and times of training sessions\***

Thursdays

**E.I.S.S.Coleridge Road, Attercliffe, Sheffield.**

1. **Club Affiliation for the Season-£10 – Payable by card on 24.9.20**
2. **Club Training Fees until Xmas - £20** - **Payable by card on 24.9.20**

For those who were fully paid up to the ***end*** of last season, training fees will be waived until Christmas in lieu of sessions missed due to Covid.

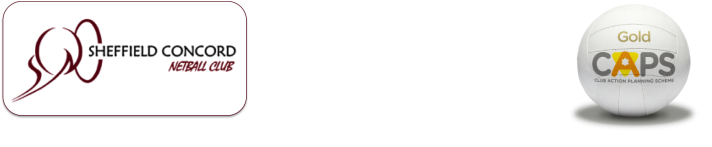
Both A and B ***must*** be paid ***at*** the 1st session by Debit/ Credit card . No cash/cheques

1. **England Netball Affiliation** **–** Paid directly to England Netball **(£6.30)**, (this is **compulsory** for **all** who join club . It includes insurance whilst training/playing , eligibility to participate in EN leagues/tournaments coaching days etc) . Parents/guardians must register an account online with ENgage to affiliate any child U18.. For guidelines of how to do this visit our website, the Yorkshire Netball FB page. Or [www.englandnetball.co.uk/ENgage--support](http://www.englandnetball.co.uk/ENgage--support)) or speak with a coach.

I have paid my daughter’s affiliation to England Netball for 2020-21 and her

Affiliationnumber is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following MUST also be completed every year by the Parents/Guardians of all girls who are Under 18, on their behalf, and brought along to the FIRST training session.**

Name of club member:

Address:

Home phone Number:

Mobile number (parent of U18’s and their name)

Date of Birth:

e-mail address\_:

Emergency contact person:

Emergency Contact Number:

Details of any medical condition/medication taken:

Under 18’s - School. Year

In signing this form permission is given for my child, to:

a) participate in training sessions, matches and tournaments throughout the season

b) have photographs taken which may be used for promotional purposes and on our website

c) receive urgent medical attention if required

**I have read the SCNC Code of Conduct and agree to abide by the terms set out**.

**I also confirm that I/My daughter will comply with any safety measures put in place from time to time by SCNC and/or any instructions from** **club officials to reduce a risk associated with Covid -19. Further details of which are available on the SCNC website** .

Signed Date

The above personal data is collected by SCNC and will only be processed as far as necessary in relation to your (or your child’s) membership of the club. SCNC is committed to complying with all Data Protection legislation. Please see our website for our Privacy Policy.