

ENGLAND NETBALL REGISTRATION FORM (16 AND 17 YEAR OLDS)



MANDATORY INFORMATION REQUIRED FOR AFFILIATION						
Membership Number (if applicable)						
Affiliation Type: <i>(Please tick)</i>	<input type="checkbox"/>	Player	<input type="checkbox"/>	Volunteer/Social		
Surname:				Forenames:		
Home Address:						
Postcode:				Email:		
Phone Numbers:	H:			M:		
Date of Birth:	DD/MM/YYYY					
Transgender: <i>(Please tick)</i>	Yes	No	Prefer Not To Say	Gender: <i>(Please tick)</i>	Male	Female
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity <i>(Please tick as applicable)</i>	Religion <i>(Please tick as applicable)</i>	Disability <i>(Please tick as applicable)</i>	
As defined by the 2011 Census	Christian (including Church of England, Catholic, Protestant and all other Christian Denominations)	Do you consider yourself to be disabled under the Equality Act 2010? The Equality Act 2010 defines a person as disabled as an individual that has a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal activities	
White – British			
White – Irish			
White – Other White Background			
Mixed – White & Black Caribbean			
Mixed – White & Black African			
Mixed – White & Asian			
Mixed – Other Mixed Background	Buddhist	Yes	No
Asian or Asian British - Indian	Hindu	Blind or Visually Impaired	
Asian or Asian British - Pakistani	Jewish		
Asian or Asian British - Bangladeshi	Muslim	Deaf or Hard of Hearing	
Asian or Asian British – Other Asian Background	Sikh		
Asian or Asian British - Chinese	Any Other Religion	Physical Impairment	
Black or British – Caribbean	Prefer Not To Say / No Religion		
Black or British – African	Sexual Orientation <i>(Please tick as applicable)</i>		Learning Disability
Black or British – Other Black Background	Heterosexual / Straight	Social or Behavioural Problems	
Prefer Not To Say	Gay Man		
	Gay Woman / Lesbian	Mental Health Issues	
	Bisexual		
	Other Sexuality	Multiple Disabilities	
	Prefer Not To Say		
		Any Other Impairment	
		Prefer Not To Say	

OPTIONAL INFORMATION														
Country of Birth					Nationality									
Passport No.					Occupation									
Playing Position (s)					Height									
Marital Status <i>(With parental consent)</i>	<input type="checkbox"/>	Married	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Prefer Not To Say

DATA PROTECTION: AENA, your region(s) and County(s) will use your personal data (including potentially sensitive data) for the purpose of your participation in Netball, for regulatory reasons and to provide you information about Netball. However, we really want you to know about all the exciting opportunities we are involved with, therefore if you want to receive, by electronic mail (including e-mail, SMS or image messages etc.) information about tickets, special offers, opportunities, products and service available from the following commercial organisation, please tick the relevant box below.

<input type="checkbox"/>	I wish to receive, by electronic mail (including e-mail, SMS or image messages etc.) information about tickets, special offers, opportunities, products and services from AENA companies or AENA subsidiaries
<input type="checkbox"/>	I wish to receive, by electronic mail (including e-mail, SMS or image messages etc.) information about tickets, special offers, opportunities, products and services available from current AENA sponsors
<input type="checkbox"/>	I wish to receive, by electronic mail (including e-mail, SMS or image messages etc.) information about tickets, special offers, opportunities, products and services available from any subsidiary or associated company of any AENA sponsors

AFFILIATION DECLARATION: I certify that all the information is correct and agree to abide by the laws of the game and England Netballs rules, regulations and disciplinary requirements.

Signature		Date	
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