**COLCHESTER NETBALL LEAGUE**

**Supplementary Player Registration Form Winter League 2020/21**

**Please complete this form for any new players you wish to register with your team during the season. (All details must be provided otherwise the player will NOT be registered.)**

**The completed form should then be emailed to the Fixtures and Membership Secretary Kim Watson (katsnc@outlook.com); alternatively, it can be deposited in the results post-box on the night.**

**CLUB NAME .............................................................................................................................**

**TEAM NAME ............................................................................................................................**

***THE FOLLOWING ONLY APPLIES IF YOU ARE ADDING U18’S TO YOUR TEAM AND HAVE NOT PREVIOUSLY COMPLETED THIS AS PART OF YOUR ORIGINAL PLAYER REGISTRATION FORM. ALL TEAMS WITH U18’S MUST ADHERE TO THE CRITERIA BELOW AND IF ANY ADVICE IS REQUIRED PLEASE ASK***

**NAME OF SAFEGUARDING PERSON IF ADDING U18’S TO TEAM………………………………**

**DATE OF SAFEGUARDING COURSE ATTENDENCE ……………………………………………..**

**PLEASE ATTACH COPY OF SAFEGUARDING CERTIFICATE AND CLUB SAFEGUARDING POLICY**

**THE PARENTAL CONSENT FORM WILL ALSO NEED TO BE COMPLETED AND RETURNED FOR PLAYERS U18 PLAYING IN ADULT LEAGUE (THIS NEEDED FOR ALL U18 PLAYERS)**

**We wish to add the following players to our team list**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **Date of Birth** **(required for all players)** | **U18 Please tick** | **EN Membership Number** |
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**I declare the details are correct and a true record for this club/team**

**Name……………………………………………Signed…………………………………………………**

***Colchester Netball League - GDPR***

***Colchester Netball League*** take your privacy seriously and will only use information gathered in relation to our leagues business that meets the specific responsibilities as set out in General Data Protection Regulations. However, we will need to contact you with details of fixtures, events, competitions and other information regarding the leagues. If you consent to us contacting you for these purposes please tick all relevant to say how you would like us to contact you

**All Methods stated below**

**OR please tick following as requested**

**Email** **Text** **WhatsApp**

Our Secretary will store your information on our data base for a maximum of 18 months unless re-registering.

We would also like to pass your details onto (only when required) **other CNL leagues committee contacts, CNL Netball Tournaments, CNL Netball Leagues, East Essex County Netball Assn and England Netball** for the purposes of competition, monitoring and reporting along with applying for funding and development opportunities. If you consent to us passing on your details for this purpose please tick to confirm

**I AGREE** **I DO NOT AGREE**

If you do not agree to this we may not be able to contact you regarding this information.

You can withdraw consent for any of the above at any time

I confirm that all details are correct to the best of my knowledge and I am able to give consent.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**