



Cardinals Netball Contact Form

Players
name: _____

Address _____

Postcode _____ Date of Birth _____

Tele
:Home _____ Mobile _____

Email
Address _____

Parent
names _____

School & School
year _____

Cardinal Netball recognizes the need to ensure all children are kept safe. At times pictures may be taken of players to promote and celebrate team achievements on our website or in the local press.

I give permission for my child's name (no photo) to be used in reports Y/N

I give permission for child's photo (no name) to be used in reports Y/N

I give /don't give permission for my child to have first aid when & where needed. ☐

I have read and agreed to adhere to the Parents code of conduct, please tick ☐

I have read and agreed to adhere to the Players code of conduct, please tick ☐

Any specific medical condition or disability that we you feel that we should be aware of:

Parent
signature: _____ Date _____