This member's registration form is to be filled in by anyone wishing to register with The Netball Academy.

Members registered until the 31st of December 2019.

Personal Details:

NAME:							N	EW MEMBER	YES	NO	
RENEWAL	(MEMBER	SHIP I	NUME	BER):		CI	LUB				
ADDRESS:					P	/CODE:					
CONTACT:	н				w			М			
E-MAIL:							FAX:				
DATE OF BIRTH:	/ /					PREFERRED POSITIONS:		1	2		
PLAYGROUND	BEGINNER AD			ADVANCED		PRIMARY SCHOOL		BEGINNER	ADVA	NCED	
HIGH SCHOOL	BEGINNER AD		ADVANCED		CLUB		SOCIAL	LEAGI	JE		
TOP COACH IN TRAINING		YES 🗌		NO	o 🗌	AGE GROUP:					
SHOOTING STARS		GS		(GA	AGE & TEAM					
HOLIDAY PROGRAMME		YES		1	NO	AGE & SCHOOL					

IF UNDER 18 PARENTS NAME				
SURNAME				
CONTACT:	Н	w	М	
E-MAIL:			FAX:	

Cell: 071-001-3791 e-pos: info@winelandsnetball.com



MEDICAL CONDITION	(PLEASE MENTION ANY ALERGIES OR MEDICATION)
IN CASE OF EMERGENCY	
CONTACT NUMBER:	
SIGNATURE:	DATE:

I'm not promising to make you a superhero.... But I can make you feel like one!

e-pos: info@winelandsnetball.com