

ENGLAND NETBALL REGISTRATION FORM (18 AND OVER)



MANDATORY INFORMATION REQUIRED FOR AFFILIATION

| | | | | | | |
|--|---------------------------------|------------------------------------|---------------------------------------|---|---|--------------------------|
| Membership Number (if applicable) | | | | | | |
| Affiliation Type: <i>(Please tick)</i> | <input type="checkbox"/> Player | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Safeguarding | <input type="checkbox"/> Club Secretary | <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 | | | | | | | |
| <input type="checkbox"/> White – British | | | | | | | | | |
| <input type="checkbox"/> White – Irish | | | | | | | | | |
| <input type="checkbox"/> White – Other White Background | | | | | | | | | |
| <input type="checkbox"/> Mixed – White & Black Caribbean | | | | | | | | | |
| <input type="checkbox"/> Mixed – White & Black African | | | | | | | | | |
| <input type="checkbox"/> Mixed – White & Asian | | | | | | | | | |
| <input type="checkbox"/> Mixed – Other Mixed Background | | | | | | | | | |
| <input type="checkbox"/> Asian or Asian British - Indian | | | | | | | | | |
| <input type="checkbox"/> Asian or Asian British - Pakistani | | | | Buddhist | Yes No | | | | |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | | | | | | | | | |
| <input type="checkbox"/> Asian or Asian British – Other Asian Background | | | | | | | | | |
| <input type="checkbox"/> Asian or Asian British - Chinese | | | | | | | | | |
| <input type="checkbox"/> Black or British – Caribbean | Muslim | <input type="checkbox"/> Blind or Visually Impaired | | | | | | | |
| <input type="checkbox"/> Black or British – African | | | | | | | | | |
| <input type="checkbox"/> Black or British – Other Black Background | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | Sikh | <input type="checkbox"/> Deaf or Hard of Hearing | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | Any Other Religion | <input type="checkbox"/> Physical Impairment | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | Prefer Not To Say / No Religion | <input type="checkbox"/> Learning Disability | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | Sexual Orientation <i>(Please tick as applicable)</i> | <input type="checkbox"/> Social or Behavioural | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | Heterosexual / Straight | <input type="checkbox"/> Mental Health | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | Gay Man | <input type="checkbox"/> Multiple Disabilities | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | Gay Woman / Lesbian | <input type="checkbox"/> Any Other Impairment | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | Bisexual | <input type="checkbox"/> Prefer Not To Say | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | Other Sexuality | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |
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| <input type="checkbox"/> Prefer Not To Say | | | | | | | | | |

OPTIONAL INFORMATION

| | | | | | | | |
|-----------------------------|----------------------------------|--|---------------------------------|------------------------------------|-----------------------------------|----------------------------------|--|
| Country of Birth | | | | Nationality | | | |
| Passport No. | | | | Occupation | | | |
| Playing Position (s) | | | | Height | | | |
| Marital Status | <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 |
|------------------|-------------|