



## YOUTH LEAGUE REGISTRATION FORM

### CHILD'S DETAILS

Full Name			
Address			
Date of Birth		School	

### PARENT/GUARDIAN DETAILS

Full Name			
Telephone (Day)		Mobile	
Email			
Relationship to child (parent/legal guardian/aunt etc.)			

### MEDICAL INFORMATION

Does your child have any medical conditions we need to be made aware of? (including medical conditions, allergies, current medication, special dietary requirements, injuries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Details</i>		
I consent to any emergency medical treatment necessary during my child's time at MMNL Youth Netball	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### PHOTOGRAPHY CONSENT

I consent to the League photographing or videoing my child's involvement in netball and to the use of any images on the MMNL website, for league promotion or in the media.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SIGNED (Parent/Guardian)		Date	
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