

**WEE COUNTY WARRIORS NETBALL CLUB**

**MEMBERSHIP FORM**

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| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Address:****Postcode:** |  | **Phone Number:** |  |
| **Email Address:** |  |

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| --- | --- | --- | --- |
| **Emergency****Contact Name** |  | **Emergency****Contact Number** |  |

**How did you hear about us? (Please tick)**

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| --- | --- | --- | --- |
| **A current member (please put name of member in box)** |  | **Netball Scotland** |  |
| **Facebook** |  | **Online Search** |  |
| **Newspaper** |  | **Other** |  |

**Code of Conduct (Please tick)**

* **I have read, understood, and accepted the code of conduct.**

**Privacy Policy (Please tick)**

* **I have read, understood, and accepted the data privacy statement and provide consent for the club to securely store the information I provide for the administration of my membership.**
* **I consent to photographs and videos being taken during matches and training sessions.**

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| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |