

**For nominated players to complete and return by Friday 24th May 2024. Forms must be submitted in advance, so we can send a confirmation email. No players or forms will be accepted on the day and will not be permitted to take part in sessions.**

**Essex Netball Under 15 Player Development Programme (Current Year 8 with exceptional current Year 9’s)Screening Player Registration Form**

**Saturday 6th July 2024 from 1.30pm – 4.15pm (Registration 1pm)**

**at Gilberd School, Brinkley Lane, Highwoods, CO4 9PU**

**Athlete Name:** ……………………………………………………………………………………………

**Netball Club: ……………………………………… DOB: …………………………..**

**Please note only Current School Year School year 8 with Exceptional current school Year 9’s can be accepted.**

**Preferred Playing Positions:** **1st Choice ………. 2nd Choice ……... 3rd Choice ……….**

**Athlete Affiliation Number (Athletes must have individual England Netball Affiliation to be able to trial) ………………………………………**

**Name of person making nomination from club: ……………………………………………**

**(Please note we will match this form to nomination forms received from club, only those nominated by club will be accepted)**

**Athlete Address:…………………………………………………………………………………………**

**………………………………………………………………………………………………………………..**

**Parent/Carer Telephone No:** ...........................................**Mobile No:**……..….……………………

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**Parent/Carer Email:** .....................................................................................................................

**Emergency Contact Name & Telephone No (both landline and mobile if relevant):** ..........................................................................................................................................................

**Medical Condition/Allergies/Injuries (Please state – continue overleaf if necessary): …………………………………………………………………………………………………………………**

**I give permission for …………………………..… to attend Essex Netball Under 15 Academy Screening day on Saturday 6th July 2024. If she is injured or taken ill during screening, I agree that first aid may be given in my absence.**

**What does it cost?** The cost for this session will be £5 per player. This is payable through BAC’s to East Essex County Netball Association sort code 20-19-95, Account No 70904694 quote players surname as a reference. If you can’t pay by BAC’s please pay cash on the day.

**Parent/Guardian Name: ....…………………………………………………..........**

**Relationship to player: ..................................................................................**

**Signature: ..................................................................................**

**Please complete and return to the Performance Manager email address:** [essexperformancelead@gmail.com](mailto:essexperformancelead@gmail.com) **by Friday 24th May 2024 at the latest.**