Go Netball Registration Form

Registration Form

Please complete this form along with the waiver form.

Team Name:			
First Name			
Contact Number Email Level of Play – Beginner Intermediate Position – Tick all that apply (if unsure, please leave blank)			
Goal Keeper (GK)			
Goal Defence (GD)			
Goal Shooter (GS)			
Goal Attack (GA)			
Wing Attack (WA)			
Wing Defence (WD)			
Centre (C)			
Please make payable to: Go Netball Sort Code: 04-00-03 Account Number: 01047038			
Please use reference – SURNAMEFirstname e.g. COOKEmma			
Office Use Only			
Payment Received – Yes No Date		Approved By	
Waiver Form – Yes No No		Payment Checked By	

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Waiver Form

This Activity Waiver Form Dated:	(date)
I consider myself being allowed to participate in the Activity Netball	
I(name) agree with Go Netball's policies to t	he following.

Details of Activity

The participant will be participating in the following activity: Netball, provided by **Go Netball.**

Consideration

Being of lawful age and in consideration of being permitted to participate in the Activity, the participant releases and forever discharges the activity provider (Go Netball) its owners, officers, directors, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of actions, debts, accounts, bonds, contracts, claims and demands for or by any reason of an injury to a person or a person's property including injury resulting in death of the participant, which has been or may be sustained as a consequence of the participants participation in the activity, and not withstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the activity provider. The participant understands that the participant would not be permitted to participate in the activity unless the participant signed this waiver.

Concurrent Release

The participant acknowledges that this waiver is given with an express intention of effecting the extinguishment of certain obligations owed to the participant by Go Netball, and with the intention of binding the participants spouse, heirs, executors, administrators, legal representatives and assigns.

<u>Fitness To Participate</u>

The participant acknowledges to Go Netball that the participant does not have any physical limitations, medical alignments, or physical or mental disabilities that would limit or prevent the participant from participating in the activity.

If required, the participant will need to obtain a medical examination and clearance.

All participants acknowledge, agree, and provide consent to the following:

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• Prior to participating in any activity, we recommend you remove all jewellery, mobile phones, and other valuables.

- Under no circumstances is alcohol, drugs, or any other intoxicating substances to be brought onto the premises. You will not be allowed to take part in any activity if you have, or appear to have, consumed such substances. Our staff have the right to remove you from the venue if they have any suspicion that you are under such influence. In this situation, we will not be liable for any refunds, compensation, or expenses.
- This waiver shall apply to all visits within the next 12 months from today's date and I will not be required to sign a fresh copy of this waiver before each visit.
- If I am notified in advance, I consent to Go Netball photographing and/or recording me/participants under my care and to use such photographs and/or recordings solely and only for Go Netballs advertising and promotional purposes. I hereby waive any right to inspect or approve the use of any such material and acknowledge and agree that the rights to use such material shall not require payment or compensation of any kind to be made by Go Netball to me/participants under my care.
- Participants acknowledge that they are responsible for their own safety and the safety of others whilst partaking in all activities.
- I acknowledge that I am responsible for my own safety (and the safety of my possessions) while undertaking the activities.
- All participants acknowledge & agree that if they have any pre-existing injuries that they have sought medical advice before participating in any sport activities.
- I acknowledge the following contra-indications to safe interaction on medical grounds and certify that I have no pre-existing medical conditions which, could through participation in the Activities, result in injury to myself or damage to my health: Forces and actions that could aggravate physical conditions.

Please add details if any of the following apply:

Excessive participant weight > 125kg/19 stone (which could increase forces on the participant's body, would/could lead to an increased risk of bone and joint damage and would be an indicator of general lack of fitness and appropriateness of the Activity for the participant)

Back or neck conditions (including Rodded back and Brittle bones)

Circulatory conditions

Heart or Lung conditions Recent surgery High blood pressure Spine, musculoskeletal or head injury Down's syndrome and neck instability Pregnancy **Full And Final Settlement** The participant acknowledges and agrees with Go Netball that: (1) go Netball has given the participant sufficient time to carefully read this waiver, (2) the participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this waiver, (3) the participant fully understands the risks and claims that the participant is waiving to participate in the activity, (4) the participant is freely and voluntarily executing this waiver, and (5) the participant is forever prevented from suing or otherwise claiming against Go Netball for and property loss or personal injury that the participant may sustain while participating or preparing for the activity. **Governing Law** The waiver will be governed by and construed in accordance with the laws of the country of England. **Emergency Contact Details** Name: Phone number: _____ Email Address: Address: I agree that I have declared all pre-existing conditions, and that I accept responsibility for my own welfare and will notify Go Netball of any changes to my health circumstances. Signed_____ Date _____

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