** South East Volleyball 2018 - 2019**

*YOUTH REGISTRATION FORM*

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| Childs First name |  |
| Childs Last name |  |
| Date of Birth |  |
| Gender |  |
| Name of School |  |
| Year in School |  |
| Address |  |
| Primary Responsible Adult |  |
| Relationship to Child |  |
| Primary Adult Phone number |  |
| Primary Adult Email address |  |
| 2nd responsible adult |  |
| 2nd Adult relationship to Child |  |
| 2nd Adult Phone Number |  |
| 2nd Adult email address |  |
| Medical Information: Are there any medical conditions requiring treatment, injuries and allergies that we need to be aware of? |  |
| Photographic permission. Please write Yes if you are happy for your child’s image to be used in social media [Facebook/Twitter], publications related to South East Volleyball or No if you would not like your child’s image to be used. South East Volleyball adheres to the policies of Volleyball England for Safeguarding and Welfare of children. |  |
| I give my child, named above permission to take part in South East Volleyball hosted events and will follow the rules of the game, including safety and behaviour at all times |  |
| I acknowledge that South East Volleyball is an active member of Volleyball England and as such adheres to a club constitution, code of conduct and equality policy in accordance with the requirements of the governing body. Documentation can be found on the Volleyball England website or will be provided by South East Volleyball upon request  |  |
| South East Volleyball would like to include you on our mailing list to ensure you are up to date with training and playing information. Please tick if you want to be included or add a cross if you do not want to be included in these mailings.  |  |