

RUSHMOOR NETBALL CLUB
Summer Camp
Players 8-16 years old

Name of player: _____

Address: _____

Post Code: _____ Telephone Nos: _____

e:mail address: _____

Age: _____ Date of Birth: _____ School: _____ Current School Year: _____

Netball Experience: please tick relevant box

Complete Beginner	
Play at School	
In the School Team	
Play at Netball Club (please state which club)	

Please sign to confirm the following :-

- I have completed and signed the Medical Questionnaire.
- I have enclosed cheque for £2 per day (payable to Marie Lithgo)
- I am happy for my child to have photographs taken for use on club website and publicity material. (please cross out if you are not happy for photos to be taken)

Name of person with parental responsibility: _____

Signature: _____ Name: _____

Netball Sessions: All sessions are from 9 – 12:00 with registration at 8.45
Wavell School, Lynchford Road, Farnborough

I would like my daughter to attend the following sessions (£2 per session):

July	Attend	August	Attend
Monday 26 th		Monday 23 rd	
Tuesday 27 th		Tuesday 24 th	
Wednesday 28 th		Wednesday 25 th	
Thursday 29 th		Thursday 26 th	
Friday 30 th		Friday 27 th	
Sub Total	£		£

Total Cost and cheque enclosed for £

Please return this form with the medical questionnaire and consent form to Marie Lithgo, 28 Blenheim Park, Aldershot, Hampshire GU11 2HS

