**Colchester Netball League**

**Parental Consent Form for U18’s – 2020/21 Season**

|  |  |
| --- | --- |
| Participants (Child’s) name in full:  | Date of Birth: |
| Age at start of season: |
| Club Name |
| Team Name  |
| Name of parent/guardian |  |
| Relationship |  |
| Email / Telephone number  |  |

Being the parent or guardian of the above participant, I hereby give permission for ……………………………………………………….. to play in the ***ADULT*** Colchester Netball League. I have considered and understand the nature of such events and I am satisfied that I am to assume full and entire responsibility for my child’s own safety whilst engaged in any adult league games.

Signed ……………………………………………………………….. Date………………………………….

***Colchester Netball League - GDPR***

***Colchester Netball League*** take your privacy seriously and will only use information gathered in relation to our leagues business that meets the specific responsibilities as set out in General Data Protection Regulations. However, if we may need to contact you with information regarding the league. If you consent to us contacting you for these purposes please tick all relevant to say how you would like us to contact you

P**lease tick following as requested: Email** **Text**

Our Secretary will store your information on our data base for a maximum of 18 months unless re-registering.

We would also like to pass your details onto (only when required) **other CNL leagues committee contacts, CNL Netball Tournaments, CNL Netball Leagues, East Essex County Netball Assn and England Netball** for the purposes of competition, monitoring and reporting along with applying for funding and development opportunities. If you consent to us passing on your details for this purpose please tick to confirm

**I AGREE** **I DO NOT AGREE**

* If you do not agree to this we may not be able to contact you regarding this information.
* You can withdraw consent for any of the above at any time
* I confirm that all details are correct to the best of my knowledge and I am able to give consent.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form to **Kim Watson** **katsnc@outlook.com**