

Chelmsford and District Netball League

Parental Consent Form

Participants (Child's) name in full:		Date of Birth:		
		Age at start of season:		
Parent or Guardian (below)				
	l .			
I, (Name)				
of (Address)				
County		Post Code		

Team name ______

Being the parent or guardian of the above participant, I hereby give permission for
to play in the SENIOR Chelmsford and District
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 league games.

Parent/Guardian	Signed:	Dated:

Please return this form by email to registrar.chelmsfordnetball@gmail.com