JUNIOR UNDER 11, 12, 13, 14, 16 LEAGUE

\*\*\*\*\*CENTRAL VENUE \*\*\*\*\*

Redbridge Sports Centre

# ESSEX METROPOLITAN NETBALL ASSOCIATION

[www.essexmet.co.uk](http://www.essexmet.co.uk)

 FORM JLE1

## JUNIOR LEAGUE ENTRY FORM 2024/2025

1. Name of Club / School: ………………………………..………………………………..……………………...…………………..

2. Name(s) of team(s) entering League:

* Under 11: ………………………………..………………………………..……………………………………………………………………..…,,……..
* Under 12: ………………………………..……………………………………………………………………….……..……………………,,,…………..
* Under 13: ………………………………..………………………………../////////////////////////////////………………………………..
* Under 14: ………………………………..……………………………………/////////////////////////………..………………………………..

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* Under 16: ………………………………..………………………………..……………………………………………………..…………………………..

\*Depending on court availability the U16 league may be limited to one team per club

 Entry fee per team: Essex Met Clubs £15 per team Non-Essex Met Clubs £20 per team

### NB – Court fees will be payable to RSC who will invoice clubs directly.

3. Contact - Name: ………………………………..………………………………..………………………………..…………………

 Telephone Home - ………………………..……………………………. Mobile ……………………………………………..

 Email - ………………………..………………………………..……………………………………………

4. Emergency contact – Name - ………………………..………………………………..…………….………………………..…….

 Telephone Home - ………………………..……………………………. Mobile ………………………………………………

 Email - ………………………..………………………………..…………….……………………………...

5. Club Welfare / Safeguarding Lead – Name …………………………………………………

Telephone …………………………………………… Email …………………………………………………………………

Consent to the use of personal data

I consent to Essex Metropolitan Netball Association including my personal data (my name, email address and telephone number(s)) on its list of Club Contacts on its website. I understand that I can withdraw my consent to this use of my personal data at any time by sending notice in writing or by email to the Junior League Secretary.

Secretary                                                                                              Emergency contact

Name:                   ………………………………………………………………………………  Name:                   ………………………………………………………………………………

Club:                      ………………………………………………………………………………

Signature:             ………………………………………………………………………………  Signature:             ………………………………………………………………………………

Date:                     ………………………………………………………………………………  Date:                     ………………………………………………………………………………

PLEASE RETURN THIS FORM BY 12 July 2024 to: Kaye Cornwall, 549 Ripple Road, Dagenham, Essex, RM94QL.

Email: kayecornwall@yahoo.co.uk

Accompanied by the appropriate fee to Treasurer - jane.net.king@gmail.com

Bank transfer preferred to 08-92-99 65422500.

Cheques made payable to Essex Metropolitan Netball Association