**ESSEX METROPOLITAN NETBALL ASSOCIATION**

www.essexmet.co.uk

**2024/2025 SEASON**

**Timetable for submission of forms, names, and money**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | **FORM** | **TO BE SENT TO:** | **Money?** |
|  |  |  |  |  |  |
| 30 June | LE1A - League Entry Form | League Secretary League Organiser |  |  |
| 12 July | LE1 - League entry confirmation | League Secretary League Organiser | Treasurer  | **YES** |
| 12 July | JLE1 - Junior League Entry Form | Junior League Secretary |  | **YES** |
| **THE FOLLOWING FORMS WILL BE SENT ON RECEIPT OF THE LEAGUE CONFIRMATION FORMS** |
| Start of Season | List of Essex Met member qualified umpires | County Officiating Lead |  |  |
| Start of Season | List of Essex Met member qualified coaches | Coaching Secretary |  |  |
| Start of Season | Signature lists | Results Secretary/Junior Secretary |  |  |
| Prior participation | Affiliation during the season | Results Secretary | Membership officer |  |
| **THE FOLLOWING IS REQUIRED BY THE DATE SHOWN in order that registration cards can be issued** |
| 11 September | Roster of members from ENgage |  |  | Membership officer |  |

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| **FORM TO: LEAGUE SECRETARY, LEAGUE ORGANISER****BY: 30 June 2024** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

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**FORM LE1A**

**LEAGUE ENTRY FORM 2024/2025**

1. Name of Club:

2. Number of team(s) entering League:

Members of Essex Met. Clubs **(£15.00)** per team

Members of outside Essex Met. Clubs (£60.00 for 1st team, £30.00 for subsequent teams)

3. Secretary - Name:

 Telephone no: Home: Mobile:

 **v. important:** Club contact email address:

4. Emergency Contact - Name:

 Telephone no: Home: Mobile:

 Email address:

5. **Club Welfare/Safegarding Lead: Name:**

 **Telephone no: Home: Mobile:**

 **email address:**

**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 League Secretary.

Secretary Emergency

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

Club: ………………………………………………………………………………

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

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

**Consent to the use of still/video cameras**

I consent on behalf of my club’s members to the use of video/mobile phone/still photography during the course of games. **YES/NO** (delete as applicable). We will ensure that consent has been received from each member or from the parents of each member under the age of 18.

**PLEASE EMAIL THIS FORM to LEAGUE SECRETARY & LEAGUE ORGANISER**

Yvette Hurley email: marahur@netscape.net; memfuller8@gmail.com

32 Couchmore Avenue, Clayhall, Ilford, Essex IG5 0PL

Tel: 07534 116084

**BY 30 June 2024**

NB. Please remember to complete the Confirmation of League Entry Form and return it to the League Secretary by **12 July 2024**

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| **FORM TO: TREASURER - WITH MONEY,** **LEAGUE SECRETARY, LEAGUE ORGANISER****BY: 12 July 2024** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

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**Confirmation of LEAGUE ENTRY FORM 2024/2025 FORM LE1**

1. Name of Club:

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

**If more than four teams entered, please indicate which teams prefer to/not to play at the same time.**

 Entry fee: Members of Essex Met. Clubs **(£15.00)** £

Members of Clubs outside Essex Met. (£60.00 for 1st team, £30.00 for subsequent teams) £

3. Secretary - Name:

 Telephone no: Home: Mobile:

 **v. important:** Club contact email address:

4. Emergency Contact - Name:

 Telephone no: Home: Mobile:

 Email address:

5. **Club Welfare/Safegarding Lead: Name:**

 **Telephone no: Home: Mobile:**

 **email address:**

6. Club Training Night: Club Colours:

 Training venue:

 Training address:

7. Is your club open to new members? YES/NO

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Secretary Emergency

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

Club: ………………………………………………………………………………

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

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

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**PLEASE EMAIL THIS FORM to LEAGUE SECRETARY** Yvette Hurley email: marahur@netscape.net

32 Couchmore Avenue, Clayhall, Ilford, Essex IG5 0PL Tel: 07534 116084

**SEND A COPY FORM *WITH DEPOSIT OF £100.00 up to 2 teams, £150 for 3-4 teams, £200.00 for five or more teams & TEAM ENTRY FEES***

To League Organiser: Maggie Fuller email: memfuller8@gmail.com 8 Bloomfield Crescent, Ilford, Essex IG2 6DR

To Treasurer: jane.king.net@gmail.com

Bank transfer: sort code: 08-92-99 a/c 65422500

**BY 12 July 2024 PLEASE NOTE LATE ENTRIES WILL NOT BE ACCEPTED**