

Newham All Stars Sports Academy (NASSA)

Membership form 2016/17 (Fee £85.00)

Player Details

Full Name:	Date of Birth:
Ethnicity:	Home Telephone No:
Address (inc Postcode):	

Health:

GP/Doctor Name:	Telephone No:
Address:	
Health Issues/Useful Information:	

School:

Name:	Class Number/Name:
Address:	

Parent/Guardian Contact Details:

1 Name:	Contact Number:
2 Name:	Contact Number:

Emergency Contact Details:

1 Name:	Contact Number:
2 Name:	Contact Number:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____