**REQUEST TO REGISTRER AS A POOL PLAYER FOR SOUTHAMPTON NETBALL ASSOCIATION**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | EN AFFILIATION NUMBER | SNA INSURED | CONTACT NUMBER | CONTACT EMAIL ADDRESS | CURRENT TEAM AND LEAGUE | POSITION | CURRENT PLAYING LEVEL |
|  |  | YesNoPlease delete |  |  |  |  |  |

**BY SIGNING THIS FORM YOU ARE CONSENTING TO SNA KEEPING ON RECORD YOUR PERSONAL DATA FOR THE PURPOSE OF OPERATING THE LEAGUE AND SHARING WITH TEAMS REQUESTING POOL PLAYER. THIS WILL BE KEPT FOR THE DURATION OF THE CURRENT SEASON THEN DESTROYED BY SHREDDING. ELECTRONIC INFORMATION WILL BE KEPT ON A PASSWORD PROTECTED MEMORY STICK. HARD COPIES WILL BE STORED IN A LOCKED CABINET.**

**FOR FULL DETAILS REFER TO PRIVACY DOCUMENT**

**Player Signature**

**Date of Signature**

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| **Creating a Pool of Players who can play in the Margaret Whittaker League is to be trialled for the 2019 season** |
| **Criteria**

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| **1** | POOL PLAYERS CANNOT BE REGISTERED TO A TEAM THAT IS PLAYING IN THE LEAGUE |
| **2** | PLAYERS WHO DO NOT WANT TO COMMIT TO PLAYING ON A REGULAR BASIS CAN REGISTER TO PLAY WITHOUT COMMITMENT |
| **3** | **PLAYERS MUST EITHER BE AFFILIATED TO ENGLAND NETBALL OR INSURED UNDER THE SNA SCHEME** |
| **4** | **TO REGISTER FOR SNA INSURANCE COMPLETE THE FORM BELOW AND SEND WITH REGISTRATION AND TRANSFER £10 TO SNA ACCOUNT** |
| **5** | PLAYERS CAN ONLY PLAY AT THE APPROPRIATE LEVEL TO BE AGREED BY SNA COMMITTEE |
| **6** | TEAMS CAN ONLY REQUEST A POOL PLAYER IF THEY HAVE 6 OR LESS PLAYERS FOR A FIXTURE |
| **7** | MAXIMUM 1 POOL PLAYER PER TEAM PER FIXTURE |
| **8** | ONCE A POOL PLAYER HAS PLAYED 2 GAMES FOR A TEAM THEY THEN COME OUT OF THE POOL AND BECOME A MEMBER OF THAT CLUB /TEAM FOR THE REMAINDER OF THE CURRENT SEASON |
| **9** | PERMISSION TO USE A POOL PLAYER MUST BE REQUESTED BY 8PM ON THE DAY PRIOR TO THE FIXTURE |

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|  | **REQUEST FOR SNA INSURANCE SCHEME FOR A POOL PLAYER FOR****SOUTHAMPTON NETBALL ASSOCIATION**

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| --- | --- | --- | --- | --- | --- | --- |
| NAME | ADDRESS | DOB | MOBILE NUMBER |  EMAIL ADDRESS | CURRENT TEAM AND LEAGUE | **Agree to these Details being released to Clubs in SNA only Please Tick** |
|  |  |  |  |  |  |  |

**BY COMPLETING THIS FORM YOU ARE CONSENTING TO SNA KEEPING ON RECORD YOUR PERSONAL DATA FOR** **THE PURPOSE OF OPERATING THE LEAGUE AND INSURANCE** **THIS WILL BE KEPT FOR THE DURATION OF THE CURRENT SEASON THEN DESTROYED BY SHREDDING.** **ELECTRONIC INFORMATION WILL BE KEPT ON A PASSWORD PROTECTED MEMORY STICK. HARD COPIES****WILL BE STORED IN A LOCKED CABINET.** **FOR FULL DETAILS REFER TO PRIVACY DOCUMENT** **Player Signature** **Date of Signature**  |
|  | FORM TO BE RETURNED TO snaleagues15@gmail.com and £10 to be transferred to SNA by bank transfer using PP plus your name before you will be added to the list of pool players.Bank: HSBC Account Name SNA Account Number: 61330888 Sort Code: 40-42-22 follow with an email to **jackieg2014@hotmail.com** |
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