

ASNLS NEW PLAYER REGISTRATION FORM	
Use this form to register players on the night of the match. Remember that players must ALSO affiliate to England Netball.	
PLAYER NAME	
ADDRESS	
POST CODE	
Date of birth	Telephone
Affiliation Number	Affiliation pending? Y / N
First Claim another club? Y / N	Name of first claim club
Formerly another ANSL division. Which/when?	Played in another league. Which/when?
OPPOSING CAPTAIN'S SIGNATURE	


ANSL DIVISIONAL REPRESENTATIVES
Cards must be received by the Representative within 6 days of the match. Send your fully completed scorecard to:
INDOOR LEAGUE
Lorna Wren
4 Dennes Mill Close, Wye, Ashford, Kent TN25 5DR

ACCIDENT RECORD
In the event of an accident refer to Rules & Regulations for procedure.
Name of injured
Brief description of injury / incident
Telephone number

JOHN WALLIS ACADEMY SPORTS HALL, STANHOPE ROAD, ASHFORD, KENT TN23 5RN

SQUAD MEMBERS			
Complete this in full before the start of the game.			
Team Name			
Date of match		Time of match	
Player first name and surname	U18 <input type="checkbox"/>	F <input type="checkbox"/>	
Captain			
Primary Carer			

ANSL SCORECARD		
Indoor 2017		
Home team	Away team	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Final Score	Opposing team Captain's signature	Final Score

Umpire to complete after the game	<div style="text-align: center;"> <p><i>Umpire's Star Player</i></p>  </div>
Scorer name	
Umpire name	
signature	