

**Newham All Stars Sports Academy (NASSA)**



**Membership Form - 2011/12**

**Membership fee £50**

**Player Details**

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

**Health:**

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

**Emergency Contact Details:**

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_