** Kent County Senior Netball League**

Player Registration Sheet

**2019-20**

|  |  |
| --- | --- |
| **CLUB NAME** |  |
| **CLUB AFFILIATION NUMBER** |  |
| PLAYING POSITION | PLAYER NAME | DATE OF BIRTH (IF U18) | AFFILIATION NUMBER |
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**Kent County Senior Netball League**

Regional and Premier clubs,

top 7 player nomination sheet

**2019-20**

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| --- | --- |
| 5.5 | Any club entering a team in the League, who also play in the England Netball Premier League and/or the L&SE Regional League, will nominate their top 7 players before the start of the season to the League Results Co-ordinator. Any player submitted as a top 7 Premier League or Regional League player cannot participate in or be a registered player of a County League team. |
| **CLUB NAME** |  |
| In no particular order… | TOP 7 PLAYER FULL NAME |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

**Please complete the nomination form and return to:**

**KCSNL Secretary, Church Cottage, Woodlands, Otford, Sevenoaks, Kent TN15 6AA**

|  |
| --- |
| **KENT COUNTY SENIOR LEAGUE MATCH RESULT CARD 2018 - 19** |
| Date |  |  | **Teams are required to complete the Player and Team Officials sections of the official Match Card and hand this to the opposition fifteen (15) minutes prior to the start of the game.** |
| Time |  |  |
| Venue |  |  |
| Club |  |  |
| Opponents |  |  |
|  |  |  |  |  |
| **SQUAD MEMBERS** |  | **Please tick quarter played or part** |
| Affiliation No. | Name |  | Q1 | Q2 | Q3 | Q4 |
|  |  |  |  |  |  |  |
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| **TEAM OFFICIALS** |  | **SCORES** |
|  | Name |  |  | Home team name | Away team name |
| Coach |  |  |  |  |  |
| Manager |  |  | Q1 |  |  |
| Captain |  |  | Q2 |  |  |
| Primary Carer |  |  | Q3 |  |  |
| Scorer |  |  | Q4 |  |  |
| Game Management Issues | YESRequires Game Management Form | NO |  | Final Score |  |  |
|  |  |  |  |  |  |
| **VERIFICATION** |  | Affiliation No. | Award | Signature |
| Umpire  |  |  |  |  |  |
| Umpire  |  |  |  |  |  |
| Scorer  |  |  |  | n/a |  |
| Scorer  |  |  |  | n/a |  |
| Captain  |  |  |  | n/a |  |
| Captain  |  |  |  | n/a |  |
| This Match Result Card needs to be received by the KCSNL Secretary within 3 working days of the match.**KCSNL Secretary: Church Cottage, Woodlands, Otford, Sevenoaks Kent TN15 6AA** **jmills@kentnetball.co.uk** |
| **KENT COUNTY SENIOR LEAGUE GAME MANAGEMENT FORM 2019-20** |
| Date |  |  | SCORERS & UMPIRESPlease PRINT DETAILS as necessary should Game Management Actions be taken during the match. |
| Time |  |  |
| Venue |  |  |
| Home Team |  |  |
| Away Team |  |  |
|  |  |  |  |  |
| Quarter 1,2,3 or 4. | PLAYER NAME |  | Playing position | ACTION TAKEN(Warning, Suspension, Ordering Off) | REASON | UMPIRE |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **VERIFICATION** |  | Signature |
| Home Captain Name |  |  |  |
| Away Captain Name |  |  |  |
|  |  |  |  |  |  |
| This Game Management Form needs to be emailed to the County Umpiring Secretary within 3 working days of the match.**County Umpiring Secretary – Keeley Smith** ksmith@kentbnetball.co.uk  |

**Accident Report Form**

Please return to Kent Netball

This form should be completed for all incidents, whether or not medical treatment is given. It should be returned with the results sheet and will be filed for future reference. This is not an insurance claim form.

**1. DETAILS OF PERSON INVOLVED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | Netball Id |  |
| **Full Address:** |  |  |
|  |  | **postcode**:  |
| **Date of Birth** |  | **Occupation** |  |
| **Telephone(s)** |  |

|  |  |
| --- | --- |
| **Full Details of** |  |
| **Injuries** |  |
|  |  |
|  |  |
| **Treatment**  |  |
| **Received** |  |
|  |  |
|  |  |

### 2. ACCIDENT/INCIDENT

|  |  |  |
| --- | --- | --- |
| **Event & Venue** |  |  |
| **Location within Venue** |  |  |
| **Date** |  | **Time** |  |

|  |  |
| --- | --- |
| **Description of** |  |
| **Incident** |  |
|  |  |
|  |  |
|  |  |
|  |  |

**To support your description, you may wish to complete a diagram on a separate piece of paper.**

### 3. DETAILS OF PROPERTY DAMAGE *if applicable*

|  |  |  |
| --- | --- | --- |
| **Property Owner’s Name:** |  |  |
| **Full Address:** |  |  |
|  |  | **postcode**:  |
| **Telephone(s)** |  |

|  |  |
| --- | --- |
| **Details of**  |  |
| **Damage** |  |
|  |  |

**4. WITNESSES *if available***

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Full Address:** |  |  |
|  |  | **postcode**:  |
| **Telephone(s)** |  |

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Full Address:** |  |  |
|  |  | **postcode**:  |
| **Telephone(s)** |  |

**5. ANY ADDITIONAL COMMENTS**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | …………………………………………………….. | Date | …………………………………... |
| Name | …………………………………………………….. | Your Netball Role at this Event | …………………………………... |

**Return to Dawn Cox:** **dcox@kentnetball.co.uk**