## Bromsgrove Bears Basketball Club CIC

## Membership Form



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Player(s) Full Name							Nationality	M/F	Date	of Birth		Age	]
Player(s) Full Address							PostCode	Мо	Mobile Number		Landline		
EmailA	ddress(es	s)											
													-
Parent	or Carer A	.ddress(es	S) (If player is t	Jnder18an	nd different from	nabove)	P	ost Code	Mobi	eNumbei	 -   L	_and line	J
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Teams	S (Please inc	licate which	team you p	layfor)TIC	CK AS APPF	ROPRIATE		1	i.	1	ш		
All Girls 11-18	Under 9& 11	Under 13 Boys	Under 14Boys	Under 15 Boys	Under 16 Boys	Under 17Men	Under 18 Men	Women	Women	Men	Men	Basketball Qu	alifications
YBL	YBL	YBL	N/L	YBL	N/L	YBL	N/L	N/L	YBL	N/L	YBL	IE level 2 re	feree
Medica	al and En	nergenc	v Inform	ation									
Medical and Emergency Information Next of Kin/Emergency Contact							Post Code	Mob	Mobile Number		Landline		
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## **Consent and Signatures**

By singing below you give us permission, that if necessary, we can take your child straight to hospital, while someone from the club contacts you.

I give permission for me/my child to be (please tick or cross as appropriate)

- ...videoed at training sessions and games for training purposes: this is for in house coaches only.
- ...video recorded
- ...in photos for our newsletter, in newspapers, programmes and web site. However, Under 16s will not be identified.
- ...in photos for our newsletter, in newspapers, programmes, web site, social media, including twitter and facebook. However, Under 16s will not be identified.

I confirm that all the information given on this form is current and correct. I know that any changes made to this form need to be updated as soon as possible. By signing below I agree to our club policies, code of conduct and I understand that information is shared with England Basketball. I understand that I will follow the parents code of conduct. All information give is kept within the limits of the Data Protection Act 1998. A copy of our policies can be obtained upon request.

Player Signature(s)

Parent Signature (if required)