#

Bromsgrove Bears Basketball Club CIC

Membership Form

# Bears

Please fill out this form in pen. Fill in all sections that are appropriate. Players under the age of 18 need their parents' consent and signature.

**Player Information**

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| --- | --- | --- | --- | --- |
| Player(s) Full Name | Nationality | M/F | Date of Birth | Age |
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| --- | --- | --- | --- |
| Player(s) Full Address | Post Code | Mobile Number | Land line |
|  |  |  |  |
|  |  |  |  |
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Email Address(es)

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1

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| --- | --- | --- |
| Parent or Carer Address(es) (If player is Under 18 and different from above) Post Code | Mobile Number | Land line |
|  |  |  |
|  |  |  |

**Teams (Please indicate which team you play for) TICK AS APPROPRIATE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under 9 9 | Under 11s | Under 13s YBL |  Under 14’s | Under 15’s | Under 16’s | Women | Women | Men |  | Men  | Basketball Qualifications  |
| YBL | YBL | YBL | N/L | YBL | N/L | N/L | YBL | N/L |  | YBL | IE level 2 referee |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**Medical and Emergency Information**

Next of Kin/Emergency Contact Post Code Mobile Number Landline

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## 1

2

Medical Information PLEASE INDICATE IF YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT. Registered Disabled?

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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)