

For office use only:

REG NUMBER:

TEAM: U12/U14/U16/U18/Seniors/Amazons

Please attach

2 x Photographs
to form

(do not glue them
to form)



SEASON 2018/2019

Player/Official Details

Full Name:	Date of Birth: Age on September 1 st (juniors only):
Ethnicity:	Home Tel No:
Email:	Mobile No:
Address (inc Postcode):	
School/College:	School Year:
Gender:	
Emergency Contact Name:	Emergency Contact Details:
Relationship to Player:	Tel Number:
Email:	
Disability/Medical Condition: *YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes please specify –	
*Do not forget to bring essential medication to games and training, such as inhalers for asthma etc.	

TYPE OF MEMBERSHIP tick all boxes that apply. MEMBERSHIP FOR ALL AGES IS £30 FOR THE YEAR:

Training costs are £5 per session (juniors and Amazons) and £6 for seniors. £10 match fees (separate)

Senior Men Under 18 Under 16 Under 14 Under 12 Amazons

**Coach Ref Table Please specify next to the box what level qualification

**Coaches must have an up to date enhanced DBS and safeguarding certificate – first aid optional

**DECLARATION (please read and have a parent or guardian sign the relevant sections)
(Medical Consent – for junior players under 18 and below only)**

In the event of any illness/accident, I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that I will be contacted as soon as is reasonably possible. I also understand that while the coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury incurred by my child.

Signed(Parent/Guardian) Date

Full name (capitals).....
(Must be person with legal parental responsibility)

Photography/Filming Consent (Every player and/or parent/guardian must sign this):

There may be filming and photography at East Cambs Basketball Club events which may be used in publicity materials e.g. leaflets, newsletters or on our official website or social media. By signing this form, you give permission for the player named above to be filmed or photographed during Club activities as described above.

Player/Parent/Guardian Name:.....

Player/Parent/Guardian Signature:..... Date:.....

Please return the signed form to your coach or can and email to: contact@eastcambsbasketball.co.uk

Payment can be made directly to the coach at the start of the session or paid directly into the club's bank account, if using online banking, please use the members name as a reference so that we can track the payment quickly.

Payment details

Account details:

Bank Name: Lloyds Bank

Account Name: East Cambs Warriors Basketball Club

Account Number: 00548721

Sort Code: 309618

Cheques can be made payable to East Cambs Warriors Basketball Club

Please tick relevant box for payment method below:

CASH

CHEQUE

BANK TRANSFER

A receipt will be provided for all payments, please keep this as a record.

For Office use only:

Date Received:/...../.....

Date added to Registration form:/...../.....

PAID – Y / N CASH Cheque Bank

Photo – Y / N