

**PERSONAL DETAILS:**

<b>*SURNAME:</b>	<b>*FORENAME:</b>	<b>*DATE of BIRTH:</b>
<b>ADDRESS:</b>		<b>*POSTCODE:</b>
<b>*TELEPHONE:</b>	<b>*EMERGENCE (CONTACT )</b>	
<b>GENDER:</b>	<b>Female:</b>	<b>Male:</b>

**MEMBERSHIP TYPE:** Follower, Player, Referee, Coach, Table Volunteer

**MEMBERSHIP & SESSION FEES**      **Snr:** £30 [£2.50]      **U18:** £20 [£2]      **U14s:** £10 [£1]

Above figures exclude England basketball registration and competition fees

**OTHER INFORMATION:**

- **MEDICAL:** Please indicate any conditions and or medication the club should be aware of (e.g. asthma)  
.....
- **DISABILITY:** Do you consider yourself to have a disability?      **Yes**      **No**  
If yes, what is the nature of your disability? **Visual | Hearing | Physical | Learning | Multiple | other**  
(Please specify): .....
- **ETHNICITY:** (e.g. are you English, Chinese, and Indian or other)? .....

**SPORTS INTERESTS:**

- **Have you played *basketball before?***      **Yes**      **No**
- **If yes, where:**      Primary | Secondary | Club | County | Local authority | other (please specify)
- Do you **play or have played** other sports      **Yes**      **No**
- If yes, which? : .....

**CONSENT: (if under age [<19] consent must be completed by parent/carer)**

• I agree to my **son / daughter/ child in my care** taking part in activities of the club and understand that I will be kept informed of the activities and any incident/ accident / activities away from the home facility and Is obliged to complete a consent form in the event of any activities away from the home facility and that **photographs / video** maybe taken only for the purposes of keeping a record of an event and not to used without your consent

• **Name:**      **Signature:**      **Date:**