Maidstone Warriors Basketball Club

**Membership/ Medical Record/ Consent Form**

***TO ALL PLAYERS***

*Please fill in the information below to be kept on record for the use of the Maidstone Warriors Club Leaders, for England Basketball Registration purposes and also more importantly should the need arise while you are active in the club.*

Name: ..................................………… Male/Female DOB:……………..

Home Address:………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………Post Code:…………………….. …….

Telephone:…………………………………………….….Mobile No.….…………………………………………………

Email Address…………………………………………………………………………………………………………………..

Parents name or next of kin Contact No. (if different to the above)……………………………………………

…………………………………………………………………………………………………………………………………..…..……………..

***MEMBERSHIP DETAILS - YEARLY***

One off costs for registration are separate to attendance fees and are:

£20 for U16’s

£30 for U18’s

Please send 1 passport size photo with your payment. Payment to be made to Maidstone Warriors Basketball Club.

You will be registered with the England Basketball Assoication and this will include insurance cover and your eligibility at any club games and tournaments.

***ATTENDANCE FEES – U12 /U14 /U16***

Due to our funding arrangements we unfortunately will have to ask for attendance fees in advance to secure the booking of the hall. Costs for 2012/2013 season are outlined below. Payment is either yearly or quarterly.

Yearly Fees: £140 (17% discount) or

Quarterly Fees: Autumn £55 (due Sept 2012)

Winter £65 (due Jan 1st 2013)

Spring £50 (due May 1st 2013)

Monthly Fees: £25

Please do not hesitate to ask if you are having difficulties in paying the club fees. There are discounts if you have two or more children playing at the club.

***MEDICAL DETAILS*** (Please delete as appropriate)

Are you actively sensitive to penicillin? YES / NO

Do you suffer from any allergies? YES / NO If yes, please describe:

..............................……………………………………………………………………………………………………..

…………………………………………………………………………………………….………………………………………..………

Do you carry anymedication that needs to be taken regularly? YES / NO

Do you suffer from a condition or illness that requires regular treatment? YES / NO

Is there anything else we should be aware of? ……………………………………………………………………..….

...............................................................................…………………………………………...

Name and Address of Doctor:

………….....................................................……………………………………………………………………..

..............................................................................Telephone:.................……..

# CONSENT

I agree the above named child may take part in activities organised for Maidstone Warriors Basketball Club. I understand that while involved he/she will be under the control and care of the leaders of the club, and that while the staff in charge of the group will take resonable care of the child, they cannot necessarily be held responsible for any loss, damage or injury suffered by the above named child during or as a result of the activity.

In the unlikely event of illness or an accident requiring emergency or hospital treatment, I authorise the leader(s) to give written consent to treatment if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

Signed:………………………………………………………………………… Date:……………………

Parent/Guardian (Delete as appropriate)

# PHOTOGRAPHY CONSENT

From time to time as a club we may take photographs of your child for promotional opportunities or newsletters that are published on the website. If you give permmision for your child to be photographed during tournaments then please sign details below:

Signed:………………………………………………………………………… Date:……………………

Parent/Guardian (Delete as appropriate)