

Shenley Scorpions Membership Form 2010-2011

AGE GROUP:		
<input type="checkbox"/> Under 10 Mixed	<input type="checkbox"/> Under 12 Mixed	<input type="checkbox"/> Under 14 Mixed
<input type="checkbox"/> Under 16 Boys	<input type="checkbox"/> Under 18 Boys	<input type="checkbox"/> Senior Men

PLEASE ATTACH:

- X2 Passport Photos
- Birth Certificate or Passport (Photocopy)
- Annual Membership Fee (Cheque)

FORENAME:
SURNAME:

ADDRESS:	
POSTCODE:	EMAIL:

HOME TEL:	EMERGENCY MOBILE:
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MEDICAL PROBLEMS/MEDICATION:

D.O.B.:	SCHOOL YEAR:
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SCHOOL:	HOW DID YOU HEAR ABOUT US?:
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AIMS FOR THE SEASON:

EQUALITY MONITORING DATA

Ethnic Origin (Please tick box)				
White	Mixed	Black or Black British	Asian or Asian British	Other Ethnic groups
<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other, please state:
<input type="checkbox"/> Other, please state:	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Other, please state:	<input type="checkbox"/> Bangladeshi	Not Stated
	<input type="checkbox"/> Other, please state:		<input type="checkbox"/> Other, please state:	<input type="checkbox"/> Do not wish to disclose

Religious Belief (Please tick box)				
<input type="checkbox"/> Atheism	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Judaism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Other, please state:
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Jainism	<input type="checkbox"/> Do not wish to disclose

Disability Discrimination Act 2005 (Please tick box)
<p>Definition of disability: a physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities. Do you consider that you have a disability as defined under the Disability Discrimination Act 2005?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose If answering yes, please give details of your disability:</p>

CONSENT

I hereby agree that Shenley Scorpions Basketball Club may occasionally take photo and video recordings at games and training sessions in the interests of player and club development and for promotional purposes.
I hereby agree that in order to keep me informed of the latest club news, fixtures, offers and special events Shenley Scorpions Basketball Club may contact me via email.
I hereby agree that if my child requires urgent medical treatment and it is not possible to contact me or my partner, a member of the Shenley Scorpions staff is authorised to give consent on my behalf.

SIGNED : (Parent/Guardian if under 18)

PRINT: Date:.....

