

SHENLEY SCORPIONS BASKETBALL CLUB

MEMBERSHIP FORM – NEW MEMBER 2014/15

PLEASE ATTACH

- 1 Passport Photo
- Birth certificate or Passport (photocopy)
- Registration Fee (cheque)

AGE GROUP

- Under 10's
 Under 12's
 Under 14's
 Under 16's
 Under 18's
 Seniors

FORENAME:

SURNAME:

ADDRESS:

POSTCODE:

EMAIL ADDRESS:

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

MEDICAL INFORMATION/MEDICATION:

DATE OF BIRTH:

SCHOOL:

SCHOOL YEAR:

EQUALITY MONITORING DATA:

ETHNICAL ORIGIN (PLEASE TICK BOX)				
White	Mixed	Black	Asian	Other
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Do not wish to disclose
	<input type="checkbox"/> Other		<input type="checkbox"/> Other	

DISABILITY DISCRIMINATION ACT 2005 please tick

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?

Yes
 No
 Do not wish to disclose

CONSENT:

I hereby agree that Shenley Scorpions Basketball Club may occasionally take photos 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 club news 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.....