

Membership Form

Appendix 7



WORKINGTON WASPS BASKETBALL CLUB

Membership Form

Sections 1, 2 and 3 must be completed before being allowed to participate in the club

Section 1 - Personal Details (Please complete in capital letters)

Name : (Mr/Mrs/Ms)..... Date of birth :

Home address :

Postcode : Contact telephone number :

Emergency contact name & telephone number :

Any other personal information which is of benefit to the club which you would like to share :
.....
.....

Section 2: Declaration

- I understand that there is an element of risk involved with the playing of all sports.
- I have read the Codes of Conduct (cocfpv1), Photo & Recorded Images (wwppv1), Child Protection Policy (cppv1) and Constitution of the Workington Wasps Basketball Club (ccv1) as displayed in the starter pack or on the club webpage www.workingtonwasps.com and I agree to abide by the clubs guidelines at all times. Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.
- I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.
- I agree to this form being kept indefinitely by the Workington Wasps Basketball Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required, the information on this form will not be supplied to any other third party.

Section 3: Medical Information

- I have no medical condition which will prevent me from taking part fully in my sport.
- I have filled in the Workington Wasps medical screen form (appendix 1).
- I agree to bring medication (where required) to all club sessions.
- I will inform my club chairman if my medical **circumstances change** in the course of the year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:..... (legal guardian if under 18 years of age)

Signature:..... Date:.....

Workington Wasps Basketball Club (TO BE FILLED BE CLUB)

Member number: Amount: £..... [cash] [cheque]

Secretary Name Signature

Date:.....
