



WOKING BLACKHAWKS BASKETBALL CLUB

www.wokingblackhawks.co.uk



Senior Member Registration - Season 2011-12

To register to join Woking Blackhawks as a Senior member (over 18 on the 1st September 2011) for the 2011-2012 season please complete the form overleaf and the payment section below. For members joining later after Christmas the Registration fee is reduced by £15 and after Easter the fee is £3 per month to a maximum of 3 months.

All members registered with the Club will be registered with our National Governing Body - England Basketball. This allows members to compete in competitions run under the control of England Basketball.

The club is a not-for-profit organisation and all funds received are ploughed back into the club for player equipment and development once England Basketball and local league registration fees have been paid. All the coaches and committee officers are volunteers and claim no expenses.

Don't forget to keep up to date with all the club news, match reports and training schedules by regularly visiting our website at: www.blackhawks.co.uk

Personal Accident Insurance Top-Up - The England Basketball membership provides an automatic basic level of personal accident insurance whilst training, playing, coaching or officiating. For payment of an additional premium 'Personal Accident Top Up' is available to give an enhanced level of personal accident benefits. This year benefits have been enhanced to include a small 'loss of usual income' benefit - please ask for details or look on the membership section of www.englandbasketball.co.uk

Thank you for joining us. If there are any questions please do not hesitate to ask your Team Manager, Coach or any Committee Member.

Iain Taylor

Chairman

Payment Details

Players Name _____	Amount Payable
Senior Registration (over 18 on 1 st September 2011)	£50*
* Reduced to £35 after Christmas and £3 per month after Easter	-----
Occasional Full Time Student (over 18 on 1 st September 2011, in full time Education and training/playing in holidays)	£15

Personal Accident Top Up - £20 (If Required)	-----
Total Payable	-----

Payment by Cash or Cheque payable to Woking Blackhawks Basketball Club. Please return this form with payment and a passport sized photograph to a committee member

For Committee Use

Money Rec'd - ____

Photographs Rec'd ____

Registration Number _____



LOTTERY FUNDED



WOKING BLACKHAWKS BASKETBALL CLUB

Senior Member Registration, Medical and Consent Form - Season 2011-12

To be Completed for all members over 18 - Please Complete in **BLOCK LETTERS**



First Name *		Last Name *		Gender M/F *	
Date of Birth *		Squad Code (see list below right)		Ethnic Origin Code *	
Address		Ethnic Origin Key		Squad Codes	
House Number or Name *		W British White		L - Ladies	
Street		WI Irish White		FL - Flyers	
Town		WO Other White		HU - Hunters	
County		MBC Mixed white & black Caribbean		CH - Chasers	
Post Code *		MBA Mixed white & black African		ST - Strikers	
Home Telephone		MA Mixed White & Asian		Gender and Ethnic Origin are required by England Basketball Registration and are also used in grant applications	
Players Mobile		MO Mixed other			
Players Email		I Indian			
Emergency Contacts		Name		Telephone No	
First Contact					
Second Contact					
Medical Details - Please inform us of any conditions and/or self administered medication that may affect your participation in rigorous training and playing a physical game of basketball. Please use separate sheet if necessary.					
Doctor's Name:		Tel No			

Basketball Qualifications – please tick below any Basketball qualifications you have gained.

Table Official Level 1		Table Official Level 2		Table Official Level 3	
Referee Level 1		Referee Level 2		Referee Level 3	
Coach Level 1		Coach Level 2		Coach Level 3	
Other (please state)					

Consent:

- I agree to taking part in the activities of Woking Blackhawks Junior Basketball Club, and acknowledge that I undertake basketball and associated activities at my own risk and responsibility.
- I give my consent for the administration of basic first aid treatment by coaches.
- I give my consent to be taken to hospital in the event of an emergency.
- Pictures of Club activities may be made available by the Club to the local press or published on the Club's or related sports internet sites with the sole intention of promoting basketball and the interests of the Club, if you do not want your picture used, please tick here -
- The Club uses email as one of its main communication medium. I give my consent for the email addresses provided to be used for Club communication. The Club will not release the above information to any third party without prior permission.

I declare that the above information is correct.

Signed: by player

Date:

*** Please Ensure These Entries are Completed**