



## Maidstone Warriors Basketball Club

Adult Membership / Medical Record / Consent Form

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

Name:..... Male/Female                      D.O.B.....

Home Address: .....

.....

..... Post Code.....

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

Email: .....

Next of kin/Emergency contact no .....

### Annual Club Membership Fee

This fee covers the cost of your annual registration fee to Basketball England, league fees and club admin for the year.

I enclose a cheque/cash for £25     

*(Cheques made payable to Maidstone Warriors Basketball Club)*

### Attendance fee / subs

I have read and understood the team information relevant to me and agree to pay £30 monthly by DD.

- I am already signed up to pay £30 by GoCardless
- Please email me an invitation to set up my monthly payment of £30 by GoCardless

**I understand that my club registration will not be actioned until I have activated my GoCardless invitation .**

Signed.....

Date.....

Issue date: July 2016

**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 any medication that needs to be taken regularly? YES / NO

Do you suffer from an 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 to take part in the training sessions and matches organised by Maidstone Warriors Basketball Club and the Medway Basketball Association. I understand that I must respect the rules of the club, and behave respectfully and responsibly towards my team mates, captain and coach. I agree to behave in a way which will not bring the club into disrepute under any circumstances.

I understand that basketball is a semi-contact sport and that participation brings with it the risk of personal injury.

Signed: ..... Date.....

**Photography Consent**

From time to time as a club we may take photographs of you for promotional opportunities or for information that is published on our website. If you are happy for your images to be used in this way please sign below:

Signed: ..... Date.....