

Health Check

Does the participant suffer from any allergies or illnesses or take any medication? Eg asthma, diabetes, epilepsy. If YES, please give details and ensure that the participant has medication with him/her as necessary at all time.

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Important Notice to parents/carers

In the case of junior members, the parent/carer is responsible for administering any medication stated above and for the conduct of the member at club sessions.

Permission to take photographs

Please tick below to give/not give permission for the above named member to have his/her photograph taken, and for the photos to be used by Cambridge Cats and partners to promote sport development activities.

- I DO give permission for the above member to have his/her photograph taken.
- I DO NOT give permission for the above member to have his/her photograph taken.

Consent: I (print name) give consent for the administration of basic first aid and the treatment by first aid staff. I give consent to seek emergency medical attention.

Signed

Coaching and Technical Qualifications

Do you hold any recognised England Basketball qualifications? If yes, please state which qualification and level.

Qualification Level

Qualification Level

For members over 16 yrs (or parents):

Would you be interested in coaching or officiating for the Club? Training will be provided. Please feel free to discuss any of these with a member of staff.

Yes / No

Data Protection

All information given is private and confidential and for the use of Club Officers only.

I / my son / daughter agrees to abide by the rules as set down in the Club Handbook.

Signed **Dated**

Print Name

Return this form to:

Cheques made payable to "Cambridge Cats Basketball Club"

Please return this form along with payment to: Lucy Wedderburn, The Treasurer, Cambridge Cats Basketball Club, 40 Maryland Ave, Swaffham Bulbeck, Cambridge, CB25 0LT