



# CAMBRIDGE CATS BASKETBALL CLUB

www.cambridgecats.co.uk

2009/2010 SEASON

## MEMBERSHIP RENEWAL / REGISTRATION FORM

Identification

Please complete details and provide x 3 passport size photographs and a copy of birth certificate

Name ( in Full)

Address; including post code

Phone No's Regular & Emerg'

Date of Birth

Email

Health Check

Does the participant suffer from any allergies or illnesses and has to take any medication?

Asthma

Yes

No

Diabetes

Yes

No

Epilepsy

yes

No

Important Notice to parents/carers

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

Consent

I (Print Name)..... give consent for the administration of basic first aid and treatment by first aid staff, and I give consent to seek emergency medical attention.

Signed.....

Permission to take photographs

Please tick the box to give/not give permission for any photographs that contain the above named member to be used by Cambridge Cats and partners in the promotion and development of sporting activities.

I give permission

I do not give permission

Data Protection

All Information given is private and confidential and for the use of the club officers only. I / My son/ daughter; agrees to abide by the rules of the club as set down in the Club Handbook.

Signed.....Date.....

Print Name.....

Coaching & Officiating

Would you be interested in coaching or officiating for the club? Training will be provided. Feel free to discuss these with a member of staff. (Yes) (No)

Return this form to:

Cheques made payable to "Cambridge Cats Basketball Club" Please return this form along with payment to , The Treasurer, Cambridge Cats Basketball Club, 40 Maryland Avenue, Swaffham Bulbeck, Cambridge CB25 0LT