

2017 -2018 Club Membership & Consent Form – U-12s team

The membership fee for the 2017-18 season is £50.00 (includes a free NASSA T-shirt or hoodie).

Child's Details

*indicates mandatory information

*First Name		*Family / Last Name
*Date of Birth	*Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	*Nationality
*Home Address		
*Home Telephone Number		*E-mail Address

Parent / Legal Carer

*First Name	*Family / Last Name
*Home Address (including post code)	
*Mobile Number	*E-mail Address

Please indicate your chosen method of payment by deleting as appropriate: Cash / Cheque / Bank Transfer made

If you do not wish your email address to be visible to others on emails sent out to all NASSA parents / carers, please tick this box.

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Please note that in accordance with the Data Protection Act, all children's/young people's details will be stored during the basketball season, but then destroyed at the end of August each year.

Legal Carer Status

If the child is not living with parents, please clarify the legal status of the child and his/her current carers

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Please tick this box to confirm that you have read and understood NASSA's Safeguarding policy.

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Health Needs

Does your child have any known health needs? (e.g. diabetes, asthma, epilepsy, allergies)

What does the Club need to do to help keep your child well (e.g. administer planned medication / call ambulance / give snacks)? Please be very specific:

Do Club Team need any medical training other than First Aid to care for your child? If 'yes' please specify:

Does your child have any access needs? If yes please tell us what we need to do to help him/her:

Current Medication

Name of Medication 1	Dose & Frequency
Name of Medication 2	Dose & Frequency
Name of Medication 2	Dose & Frequency

Consent of Parent / Legal Carer

I give consent for my son/daughter to participate in NASSA Club events. I accept that it is my responsibility to inform the Club directly of any changes to the details recorded on this form.

Parent / Legal Carer Signature: (please print name underneath)

Date:

Consent of the Player (Child)

I agree to participate in NASSA Club events and agree to adhere to the guidelines and or codes of conduct that may be issued in the interest of my own safety. I will tell the Coach / Club Team if I do not feel well or if I have any worries.

Player (Child)'s Signature: (please print name underneath)

Date: