



# BROMBOROUGH BASKETBALL CLUB NEW STARTER FORM

**PLEASE COMPLETED FORM AND BRING ALONG TO YOUR FIRST SKILLS SESSION**

## NEW PLAYERS INFORMATION

<b>FULL NAME</b>			
<b>DATE OF BIRTH</b>		<b>SCHOOL YEAR ( SEPT 2018 )</b>	
<b>ADDRESS</b>			
<b>POST CODE</b>			
<b>PARENT/CARER NAME</b>			
<b>PARENT/CARER MOBILE NO</b> <b>EMERGENCY CONTACT</b>			

## MEDICAL INFORMATION & CONSENT (TO BE COMPLETED BY PARENT/CARER)

<b>MEDICAL CONDITIONS</b>			
<b>DECLARATION</b>	<p>“I understand that the coach in charge of the group will be acting in ‘loco parentis’ and in the event of an accident I agree for my child receiving medical treatment, as considered necessary by the medical authorities present. <b>I will inform the club as soon as possible of any changes in my child’s medical circumstances.</b>”</p>		
<b>SIGNED PARENT/CARER</b>		<b>DATE</b>	