



BROMBOROUGH BASKETBALL CLUB NEW STARTER FORM OVER 18

PLEASE COMPLETE FORM AND BRING ALONG TO YOUR FIRST SESSION

NEW PLAYERS INFORMATION

FULL NAME			
DATE OF BIRTH		MOBILE NO	
ADDRESS			
POST CODE			
EMERGENCY CONTACT NAME			
EMERGENCY CONTACT MOBILE NUMBER			

MEDICAL INFORMATION & CONSENT

MEDICAL CONDITIONS			
DECLARATION	"I understand that the coach in charge of the group will be acting on my behalf and in the event of an accident I agree to receiving medical treatment, as considered necessary by the medical authorities present. I will inform the club as soon as possible of any changes in my child's medical circumstances. "		
SIGNED		DATE	