



# BURY BOMBERS WHEELCHAIR BASKETBALL CLUB MEMBERSHIP FORM SEASON 2016 – 2019

Full Name .....

Parent/Guardian (if applicable).....

Address .....

..... Postcode .....

Email .....

Home & Mobile No. ....

Emergency contact (if we cannot contact you) .....

Date of Birth .....

Brief description of any medical condition and prescribed medication used: .....

.....

- I consent to the activities of the club. In case of an accident, I consent to any medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.
- I consent\* / I do not consent\* (\*delete as appropriate) to photographs, match reports and all items produced by or on behalf of the Club containing my name or image (or my son's/daughter's/ward's name or image) to be used for the promotion of the Club (these items can include display boards/posters, leaflets, website, press releases etc).
- I consent to my details (or the details of my son/daughter/ward) to be held in a database for the sole use of the Club (for newsletters, Club letters etc). This information will not be passed on to any third parties.

Only by signing this document can you become a member of Bury Bombers Wheelchair Basketball Club. By signing or re-signing below you agree to abide by the Club's current Code of Conduct.

**Complete this box if you are over 18 and able to sign**

Member's name	Member's Signature	Date

**This box to is be completed if you are under 18 or otherwise unable to sign**

Name of parent or guardian	Signature of Parent or Guardian	Date

Re-signature Season	Member or Parent/Guardian's Signature	Date
2017/2018		
2018/2019		

**This data will be held by the Club alone and will not be passed to any third party.**