Rotherham Hawks Basketball Club Information form

• •	DOB:		
	Post Code		
***Main Telephone contact			
***Second Telephone contact			
***Email (Clubs main communication	n method)		
School			
***Important mandatory informat	ion for emergencies and communica	tion	
<u>!</u>	Parental Consent		
(Under 18 to b	pe completed by parent/guardian)		
Name of Parent/Carer:			
I am willing to allow my child to be and to attend training sessions and	a member of the Rotherham Hawks d matches accordingly.	s Basketball Club	
	<u>Medical</u>		
Allergies/Medical Conditions/Med	lication		
Does your child suffer from any m	edical conditions that may prevent	them from taking	
part in any specific activity, or the	at our coaching staff should be awar	re of?	
Does your child take any regular m	edication that they may have to tak	 Ke while training?	
•			
· · · · · · · · · · · · · · · · · · ·	ole to self administer any necessary		
Does your child suffer from any al	lergies?		
If yes please give details			
Emergency Medical Treatment.			
· ·	edical treatment that may be neces	ssary in the event	
	l by my child, whilst attending club e	•	
understand that all reasonable ste		YES/NO	
	of plasters and/or dressings to any		
and I understand I will be informe		YES/NO	
	<u>Photographs</u>		
•	ng in authorised photographs and tap		
be used for promotional and training	ng purposes of the club.	YES/NO	
<u>Travel</u>			
I give consent for my child to trav	vel (not alone) with either coaches, t	team managers or	
parents, by prior arrangement, to		YES/NO	
Name	nature	Date	
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