**Nuneaton Predators Basketball Club**

Registration Form - 2020/21

Your son/daughter has expressed interest in being a part one of our teams who will be competing in the Youth Basketball League (YBL) this season. The cost associated with playing this year will be £22 a month. This will cover your registration, weeknight training and the cost of all your games. This registration fee is in place to cover the teams registration with Basketball England, the league entry, insurance as well as cover the costs of the facilities, referees and table officials for each game.

For more information regarding the league and fixture please refer to the YBL website at: http://www.ybl.org.uk

In order to complete your registration we just need some information from yourself covered in the form below. Please return this form completed as soon as possible. Please set up a direct debit to cover the £22 monthly cost to the clubs bank account of which the details are below.

Acc Num: 02500065 Sort: 09-01-29 with the reference as the player's name.

Additionally, each player (or parent) is required to create an account and register themselves (or their child) on the BE website at a cost of £8.50 in order to receive a BE registration number which is required to be able to play.

Use the following link to register: https://www.basketballengland.co.uk/become-a-be-member/

For any questions or queries, please do not hesitate to contact me on 07590182733, by email on nuneatonbasketball@hotmail.com, on our social media or drop in to one of our training sessions.

**Lloyd Taylor**

Head Coach

Nuneaton Predators Basketball Club

Players Name First:………………………………………….. Last:……………………………………………

DOB: …………………………………… Age: ………………... School Year:………………………

Gender Male Female

Ethnicity:………………………………………………………………………………………………………………………………………….

Address:……………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………..................................................

Postcode:…………………………………………….

**Parents Section**

**Emergency contact details:**

Parents Name: …………………………………………………… Tel no: ……………..……………………

Parents e-mail: ……………………….......................................................................

Relationship to child: ………………………………………………………………………………...............

**Alternate Emergency contact details:**

Name: …………………………………………………………… Telephone no: ……………..……………….

Relationship to child: ………………………………………………………………………………...............

**Medical Details:**

Does your child suffer from any medical conditions/allergies that the club/coach should be aware of: .........................................................................................................

………...…………………….………………………………………………………………………………..………

…...……………………………………………………………………..……………………………..…………….

Please provide details of medication that must be/is already being administered: ………………………………………….…………………………………………………………………………………………

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Is there anything else that the club/coach should be aware of:

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**CONSENT** (please read carefully)

During the course of the season we may take pictures or videos of the team for promotional, marketing and coaching purposes. If you **do not** want your child to be a part of these pictures please tick here □

1. I agree to my son/ daughter taking part in the activities of the club.
2. I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
3. I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club.

Signed …………………………………...................................................................… (Parent/ Guardian/Carer)

Date: ………………………………………………...