

**FAST BREAK BASKETBALL LIMITED.
BASKETBALL CLUB
MEMBERSHIP FORM 2011- 2012**



**Please complete all of the sections overleaf and return as soon as possible to:
Rob Bromfield at the Basketball Club or Post the form to:
Fast Break Basketball Limited,
35 Grove Lane,
Kerseley Fields,
Coventry.
CV7 8PN**

**FYFFES FAST BREAK
BASKETBALL CLUB
MEMBERSHIP FORM 2011-2012**

Name.....

Date of Birth**Age**

Address
.....

Post Code

Home Telephone Number

Mobile Number

Emergency Telephone Number

E-mail:

T- Shirt / Sweat Shirt Size

School

Playing Experience

Medical Information
.....
.....

Emergency Contact Details.

To be completed by Parent / Carer.

This information will be held on file in case of injury or illness so that we can contact you without delay.

Name{s}

Emergency Contact Number{s}

.....

By returning the completed form, I agree to my son / daughter taking part in the activities of the basketball club.

I understand that I will be kept informed of all such activities through either e-mail or the club monthly newsletter and other such notices. This information will include times, details of matches and any other club activities.

I understand that in the event of any illness or injury, all reasonable steps will be taken to contact me as soon as possible, and that every step will be taken to deal with the illness or injury appropriately.

Name PARENT{S} / CARER{S}.....

.....

SIGNATURE{S}

..... **DATE**