



Non Player Volunteer Registration - Season 2009-10

All Non Playing Club Volunteers should complete this form. There is a nominal £1 registration fee and the Club will play for the EB registration.

The club is a not-for-profit organisation and all funds received are ploughed back into the club for player equipment and development once England Basketball and local league registration fees have been paid. All the coaches and committee officers are volunteers and claim no expenses.

All non-playing Volunteers are required to have a Criminal Records Bureau (CRB) disclosure. The Club has a documented policy on Child Protection and complies fully with the CRB Code of Practice. If you do not have a current disclosure certificate then our process for CRB will be explained to you.

Don't forget to keep up to date with all the club news, match reports and training schedules by regularly visiting our website at: www.blackhawks.co.uk

Thank you for registering, the success of the Club depends on the efforts of the many volunteers who freely give their time.

Keith Farmer

Chairman

Payment Details

Volunteers Name

	<u>Tick Below</u>	<u>Amount Payable</u>
Registration * - £1	<input type="checkbox"/>	£1
Personal Accident Top Up - £20	<input type="checkbox"/>	-----
Total Payable		-----

Payment by Cash or Cheque payable to Woking Blackhawks Basketball Club. Please return this form with payment

For Committee Use

Money Rec'd - ___

Photographs Rec'd ___

Registration Number _____





WOKING BLACKHAWKS BASKETBALL CLUB

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To be Completed by Non Player Volunteers - Please Complete in BLOCK LETTERS



First Name _____		Last Name _____		Gender M/F
Date of Birth _____		<i>Gender and Ethnic Origin are required by England Basketball Registration and are also used in grant applications</i>		Ethnic Origin(select code from list below) _____
Address House Number or Name _____		Ethnic Origin Key W British White WI Irish White WO Other White MBC Mixed white& black Caribbean MBA Mixed white & black African MA Mixed White & Asian MO Mixed other I Indian P Pakistani B Bangladeshi C Chinese AO Other Asian BC Black Caribbean BA Black African OB Black other		
Street _____				
Town _____				
County _____				
Post Code (must be provided) _____				
Home Telephone _____				
Mobile Number _____				
Email Address _____				
Emergency Contacts		Name		Telephone No
First Contact				
Second Contact				
<p>Medical Details -Please inform us of any conditions and/or self administered medication that may affect you participation in rigorous training and playing a physical game of basketball. Please use separate sheet if necessary.</p> <p>Doctor's Name: _____ Tel No _____</p>				

Basketball Qualifications – please tick below any Basketball qualifications you have gained.

Table Official Level 1	<input type="checkbox"/>	Table Official Level 2	<input type="checkbox"/>	Table Official Level 3	<input type="checkbox"/>
Referee Level 1	<input type="checkbox"/>	Referee Level 2	<input type="checkbox"/>	Referee Level 3	<input type="checkbox"/>
Coach Level 1	<input type="checkbox"/>	Coach Level 2	<input type="checkbox"/>	Coach Level 3	<input type="checkbox"/>
Other(please state)					

Consent:

- I agree to taking part in the activities of Woking Blackhawks Junior Basketball Club, and acknowledge that I undertake basketball and associated activities at my own risk and responsibility.
- I give my consent for the administration of basic first aid treatment by coaches.
- I give my consent to be taken to hospital in the event of an emergency.
- Pictures of Club activities may be made available by the Club to the local press or published on the Club's or related sports internet sites with the sole intention of promoting basketball and the interests of the Club, if you do not want your picture used, please tick here -
- The Club uses email as one of its main communication medium. I give my consent for the email addresses provided to be used for Club communication. The Club will not release the above information to any third party without prior permission.

I declare that the above information is correct.

Signed: by volunteer

Date: