



Haywards Heath Eagles Basketball Club

U10 (Year 5 or below) - Player Registration - Autumn 2017

Player First Name / Surname			
Date of Birth		Age	Club group
School / Year		Actual chest measurement cms	
Medical Details (Allergies, medication taken etc.) Please note we cannot administer medication.			
Main Contact F/Name / Surname			
Relationship to Player			
Address including Post Code			
Tel. Number			
Mobile			
E-mail (please print)			
Alt Contact Name			
Relationship to Player			
Tel. Number			
Mobile			
E-mail (please print)			

EMERGENCY MEDICAL TREATMENT

In the event of the above-named player requiring emergency medical treatment, I GIVE / DO NOT GIVE * my consent for an accredited representative of Haywards Heath Eagles Basketball Club to act in my absence* Delete as appropriate

Signed _____ Dated _____

If any details change, please advise the Club Secretary. Please note that neither the club nor its representatives can be held responsible for losses or injuries.

Please return this form with **2 passport Photos (can be scanned and emailed to anamariespicer@sky.com), with name, Eagles and U10 on back**, and either give to Coach, or **PREFERABLY SEND** to Anamarie Spicer 10 Pear Tree Close, Burgess Hill, West Sussex, RH15 9PF

Subs for the year: Once per year Registration fee of £30 and £3 per training session. There would be £3 for the match fee if picked to play. Coaches have sole discretion as to players chosen.

I would like to help Haywards Heath Eagles Basketball Club out and would be interested in getting involved with (please circle those which apply): Fundraising/sponsorships, social media/website administration, team manager, committee positions, coaching/assistant coaching, table officiating, refereeing, teas and coffees, school fairs and local events, branding and merchandising, and photography (motion or still).

Signed.....Print.....