



Section 1 – Member and Emergency Contact Details

The personal information on this form will be held securely and will only be shared with coaches or other individuals who need this information in order to meet the participant's specific needs and make appropriate adjustments to training.

Member Details

Member Name (in full)	
Date of Birth	
Gender	
Parent / Carer Home Phone Number	
Parent / Carer Mobile Phone Number	
Parent / Carer Email Address	
Address	
Postcode	

Emergency Contact Details

1 st Contact Name		Relationship to Player	
Home Phone		Mobile Phone	

2 nd Contact Name		Relationship to Player	
Home Phone		Mobile Phone	

Alternative Contact Details (*these will only be used if the two contacts above cannot be reached*).

Alternative Contact Name		Relationship to Player	
Home Phone		Mobile Phone	



Disability

Do you consider the member to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate the nature of the member's disability by ticking the appropriate box:	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Physical disability
	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Do not wish to disclose

Medical/Health Information

Does the member have or have they ever experienced any of the following? Please tick the appropriate box:	
<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Elevated blood cholesterol
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chest pains brought on by physical exertion
<input type="checkbox"/> Childhood epilepsy	<input type="checkbox"/> Dizziness or fainting
<input type="checkbox"/> Any bone, joint or muscular problems with arthritis	<input type="checkbox"/> Asthma or respiratory problems
<input type="checkbox"/> Any sustained injuries or illness	<input type="checkbox"/> Allergies
Please add any further relevant details here:	
Is your child taking any medication? If yes, please specify:	
Has your doctor ever advised your child not to exercise:	

Individual Needs

Please provide details below of any specific individual needs that we may need to be aware of in order to support the member within club sessions, including any access/communication support required, medication taken etc.

Religious Needs

Please specify any details of religious requirements:



Section 2 – Consents

To be completed by a parent/carer:

Participation:
<input type="checkbox"/> I consent to my son/daughter taking part in basketball.
<input type="checkbox"/> I confirm that myself and my son/daughter are aware of the club's and Basketball England's Codes of Conduct and understand and agree to our responsibilities in connection with these policies.

Photography:
<input type="checkbox"/> I consent to my son/daughter being photographed/videoed during sessions for coaching/development purposes.
<input type="checkbox"/> I can confirm that I have read, or been made aware of, IOW BASKETBALL CLUB and/or Basketball England's Photography and Video Guidance .
<input type="checkbox"/> I can confirm that I have read or been made aware of how IOW BASKETBALL CLUB will use these images or videos in future and how these images or videos will be stored within the club.
<input type="checkbox"/> I understand that consent lasts for one whole year, unless stated otherwise and that if I wish to remove my consent, I must contact IOW BASKETBALL CLUB directly.

To be completed by child:

- I _____ consent to IOW BASKETBALL CLUB photographing or videoing my involvement in *sporting activities*.
- I confirm that I have read, or been made aware of, the **IOW BASKETBALL CLUB** and/or Basketball England's **Photography and Video Guidance**.

Signature of child/young person	
Print name child/young person	
Date	
Signature of parent /carer	
Print name parent/carer	
Date	



Medical:			
<input type="checkbox"/> I confirm that to the best of my knowledge, my son/daughter is physically fit and healthy and I have declared any medical information that the club needs to consider prior to allowing my son/daughter to participate in basketball activity.			
<input type="checkbox"/> I consent to my son/daughter receiving emergency medical treatment or first aid, which, in the opinion of a qualified medical practitioner or first aider, is considered necessary. I understand that should such a situation arise, all reasonable steps will be taken to contact an emergency contact.			
<input type="checkbox"/> I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will advise the club of any changes to this information.			
Signature of Member		Date	
Signature of Parent/Carer		Date	



General Data Protection Regulations 2018

IOW BASKETBALL CLUB is a privacy conscious organisation and is strongly committed to privacy. Our Data Protection Policy, follows guidelines set out in General Data Protection Regulations (May 2018).

The above act was introduced to unify all EU member states' approaches to data regulation, ensuring all data protection laws are applied identically in every country within the EU. The GDPR was created to regulate how businesses use data, ensuring it's the same across the entire EU. It has been adopted into UK law from 25th May 2018, and we now abide by UKGDPR.

It is our responsibility to ensure that the documentation and data held on subject is:

- Processed lawfully, fairly and in a transparent manner
- Collected for specified, explicit and legitimate purposes
- Adequate, relevant, and limited to what is necessary
- Accurate and kept up to date, where necessary
- Kept in a form which permits identification of data subjects for no longer than is necessary
- Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer the IOW BASKETBALL CLUB. The data subjects will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed.

The data collected on this form will be used solely for use by IOW BASKETBALL CLUB during the **3X3 LEAGUE SEASON** that this information has been collected for, where your son/daughter is participating and the data will not be shared with any 3rd party.

If you have queries regarding data protection, please contact a member of the IOW Basketball committee.