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| **East Hertfordshire Royals Basketball Club**  **2020 - 2021 Season Registration Form**  **U14 Team** | |
| ***Please fill out the details below for the player being registered*** | |
| First Name: | Surname: |
| House Number: | Street Name: |
| Postcode: | Date of Birth: |
| Email: | |
| Phone Number: | |
| Any Medical Information the club needs to be aware of: | |
| **Emergency Contact (Parent/Guardian)** | |
| Contact Name: | Contact Number: |
| I give permission for photos and video, of me (the player), to be taken and used for club promotion purposes on the club website and social media channels. Yes [ ] | |
| **Fees**  I am going to accompany my registration and agree to pay the season fees listed below. **Yes** [ ]  *Please make fee payments by BACs with the players full name as the reference.*  1st instalment: £100 paid by 30th September 2020.  2nd instalment: £175 paid by 30th November 2020.  The club stands by a **‘No Pay, No Play’ Policy**  **Club Bank Account Details:** Sort Code: 20-41-15 Account Number: 80939838 | |
| I have read and agree to the clubs constitution and policies - **Yes** [ ]  I agree all information provided is accurate - **Yes** [ ]  I must abide by the clubs behaviour policy - **Yes** [ ]  (All must be ticked before membership will be granted)  Player Signature:………………………………………………………………………………………….  Parent Signature (Under 18): ………………………………………………………………………………..  Print Name: …………………………………………………………………………………………………… | |
| Date of Registration | |