



## Non Player Volunteer Registration - Season 2014-15

All

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 who are involved with junior under 18 members are required to have a Criminal Records Bureau (CRB/DBS) 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](http://www.blackhawks.co.uk)

**Personal Accident Insurance Top-Up** - The England Basketball membership provides an automatic basic level of personal accident insurance whilst training, playing, coaching or officiating. For payment of an additional premium 'Personal Accident Top Up' is available to give an enhanced level of personal accident benefits. The benefits include a small 'loss of usual income' benefit – please ask for details or look on the membership section of [www.englandbasketball.co.uk](http://www.englandbasketball.co.uk)

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

*Iain Taylor*

Chairman

### Payment Details

**Volunteers Name**

\_\_\_\_\_

**Tick  
Below**

**Amount  
Payable**

**Registration \* - £1**

**Total Payable**

-----

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

### Potential Sponsorship Contacts

The Club is continually looking for additional funding opportunities; If you know of a Company and/or contact who may be interested in sponsoring the Club please include their details below.

Company \_\_\_\_\_ Web Site \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Tel No \_\_\_\_\_

Other Info \_\_\_\_\_

For Committee Use

Money Rec'd - \_\_\_\_ Photographs Rec'd \_\_\_\_ Registration Number \_\_\_\_\_



# WOKING BLACKHAWKS BASKETBALL CLUB

Non Player Volunteer Registration - Season 2014-15

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			<b>Ethnic Origin Key</b> <b>W</b> British White <b>WI</b> Irish White <b>WO</b> Other White <b>MBC</b> Mixed white& black Caribbean <b>MBA</b> Mixed white & black African <b>MA</b> Mixed White & Asian <b>MO</b> Mixed other <b>I</b> Indian <b>P</b> Pakistani <b>B</b> Bangladeshi <b>C</b> Chinese <b>AO</b> Other Asian <b>BC</b> Black Caribbean <b>BA</b> Black African <b>OB</b> Black other	
House Number or Name *	_____			
Street	_____			
Town	_____			
County	_____			
Post Code (must be provided) *	_____			
Home Telephone				
Mobile Number				
Email Address				
Emergency Contacts		Name		Telephone No
First Contact				
Second Contact				
<b>Medical Details</b> -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.				
Doctor's Name:			Tel No	

**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: .....

\* Please Ensure These Entries are Completed