



## Men Membership Form Competitive teams 2017/18

### Personal Details (Please write clearly)

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Postcode** \_\_\_\_\_  
**D.O.B.** (dd/mm/yyyy) \_\_\_\_\_ **Nationality** \_\_\_\_\_  
**E-mail** \_\_\_\_\_ **Contact number** \_\_\_\_\_  
**Sex** Female  Male  **Have you ever played abroad?** Yes  No   
**Identification document to register** \_\_\_\_\_ **Identification document number** \_\_\_\_\_

White (British, Irish, Gypsy or Irish Traveller, Other White)	<input type="checkbox"/>
Mixed/Multiple ethnic group (White & Black Caribbean, White & Black African, White & Asian, Other Mixed)	<input type="checkbox"/>
Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, Other Asian)	<input type="checkbox"/>
Black/African/Caribbean/Black British (African, Caribbean, Other Black)	<input type="checkbox"/>
Other ethnic group (Arab, Any other ethnic group)	<input type="checkbox"/>

### Medical Consent & Emergency Contact Details

I confirm that I am in good health and I consider that I am capable of taking part in the handball activities of the Islington Handball Club (hereafter referred to as “the Club”). I have completed the medical details below and consent that in the event of any illness/ accident or emergency, any necessary treatment can be administered to me, which may include the use of anaesthetics. I also understand that while Coaches will take any precaution to ensure that accidents do not occur, they cannot necessarily be held responsible for any loss, damage or injury suffered from me. I am also aware that it is my responsibility to have my own individual Accident Insurance.

**Emergency Contact First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_  
**E-mail** \_\_\_\_\_ **Contact number** \_\_\_\_\_  
**Name of GP** \_\_\_\_\_ **GP Contact details** \_\_\_\_\_  
**Do you have a disability or impairment** Yes  No  If yes, please specify \_\_\_\_\_  
**Do you take any medication for asthma** Yes  No   
**Any other relevant information (medication, diet, behaviours, etc.)** \_\_\_\_\_

## Photo and Video Consent

I acknowledge that certain activities may involve me being photographed or filmed, achieved for promotional use, and therefore agree to contact the management of the club should I disagree to this activity.

## Membership Cost Structure & Fees

The membership is valid for the period from September 2017 to August 2018 and is composed of the below elements.

For any **late season joiners**, Finance will calculate a pro rata fee and payment can be made in one or two instalments. Please see contact details on the next page.

- **Training Module (£180)** covering costs for hall rent, coaches and any necessary practice equipment.
- **EHA License (£20)** to register with England Handball for a license to play with the Club. The license gives you a medical coverage for the league games played with the Club.
- **League Games (£100)** covering costs for sports hall rent, referees, necessary equipment for the whole league.
- **Friendly Games (TBC)** It is not feasible to assess both numbers and costs of friendly matches at the start of the season. Fees may occur and will be communicated to the members prior to each friendly game.

## Membership Payment Options & Bank Details

Islington Handball Club Membership		
Options	Total Amount	Tick which applies
<b>Option A:</b> Payment in one instalment by 9 <sup>th</sup> October 2017	<b>£280.00</b>	<input type="checkbox"/>
<b>Option B:</b> Payment in two instalments - 1st instalment by 9 <sup>th</sup> October 2017 amount of £150 - 2nd instalment by 31 <sup>st</sup> January 2018 amount of £150	<b>£300.00</b>	<input type="checkbox"/>
<b>Option C:</b> I am a London Metropolitan University Sports Member or Westminster University Student and benefit from a special agreement*	<b>£120.00</b>	<input type="checkbox"/>

*\*The Training Module fees are covered as part of the agreement between the Club and the universities. You still need to cover license (20£) and game fees (100£) if you wish to participate at league games. London Metropolitan Students will need to provide a copy of the Sports card and Westminster Students will need to provide a copy of your USWU registration.*

Islington Handball Club – Bank Details	
<b>Bank</b>	Lloyds Bank
<b>Sort Code</b>	30-18-43
<b>Account Number</b>	26275768
<b>Account Name</b>	Islington Handball Club
<b>Reference</b>	<i>Team Name + Player's Name (example: Men Joe Jones)</i>

For any questions please speak to your Team Manager or send an email to [finance@islingtonhandball.com](mailto:finance@islingtonhandball.com) and [management@islingtonhandball.com](mailto:management@islingtonhandball.com).

**Date (dd/mm/yyyy)** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Signature** \_\_\_\_\_

