



## Boys & Girls U18 Membership Form Competitive teams 2017/18

### Personal Details

**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.

## Parental Consent

- I confirm my child does not suffer with any medication condition other than stated above (page 1). I agree to notify Islington Handball Club of any change in medical information or allergies. I agree being parent/guardian of the above named child, to give permission for a Islington Handball Club representative to give necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my Childs interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.
- My child can participate in all activities organised by the Islington Handball Club Yes  No
- It is my responsibility to organise the transport of my child to and from the Islington Handball Club. I acknowledge that *in exceptional circumstances an Islington Handball Club official may transport my child such as long distance transport to a game, medical emergency, etc.* Yes  No
- I understand and consent that Islington Handball Club officials have a common law duty of care and, in the absence of my presence, will assume responsibility as any reasonably prudent parent would Yes  No
- My child can have use of the venues changing facilities Yes  No  (*if not , I acknowledge it is my resposibilty to ensure my child knows not to use chaging facilities*)
- The Islington Handball Club can take and use photographs/video images of my child, ONLY by Islington Handball personnel or an authorised person, for the purpose of coaching, and/or the promotion and celebration of junior Handball (in print form or online) Yes  No  (*if not, I acknowledge that I will communicate this to my child*)
- Islington Handball Club may pass on my child’s personal details to relevant County and National Handball Organisations, whereby their development is being considered and for access to other benefits that may be available.
- I authorise the Islington Handball Club to register child to under youth competitions Yes  No

## Parent/Carer help

One of the conditions of membership of Islington Handball Club is that we ask all parents/carers to help out at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you will be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate bellow.

Fund Raising	Team management
Facility/Equipment maintenance	Organising travel for games
Promotion & Marketing	Other(please specify)

## Membership Cost Structure & Fees

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

- **Training Module and league games for St Aloysius College students (£30)** covering costs for hall rent, coaches and any necessary equipment (and benefiting from a special agreement with the school).
- **Training Module and league games for other students (£60)** covering costs for hall rent, coaches and any necessary 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.
- **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 for St Aloysius students (includes training & game fee £30 and EHF licence £20) by 9 <sup>th</sup> October 2017	<b>£50.00</b>	<input type="checkbox"/>
<b>Option B:</b> Payment for other students (includes training & game fee £60 and EHF licence £20) by 9 <sup>th</sup> October 2017	<b>£80.00</b>	<input type="checkbox"/>

Islington Handball Club – Bank Details	
<b>Bank</b>	Bank Lloyds bank
<b>Sort Code</b>	30-18-43
<b>Account Number</b>	26275768
<b>Account Name</b>	Islington Handball Club
<b>Reference</b>	U18 "Player's Name"

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

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

Surname \_\_\_\_\_

Signature \_\_\_\_\_