



# LONDON PIONEERS MEMBERSHIP AND PARENTAL CONSENT FOR ENGLAND BASKETBALL ACTIVITIES 2011/12

<b>Player Information</b>		
Family Name	First Name	
Address Street City Postcode		
Telephone	Mobile	
Email		
Date of Birth	Gender	Male/female
Country of Birth	Nationality	
Medical Information (Allergies, epilepsy, asthma, diabetes, etc)		
<b>Parent/Guardian Information</b>		
Family Name	First Name	
Telephone	Mobile	
Email		
2nd Telephone		
<b>Membership</b>		
<b>Season</b>		
£100 for National League players- paid once a season		
£30 Local League players-paid once a season		
U12's pay on a per session fee basis. Please see your coach.		
<b>Monthly Subs :</b>		
£15 for Local League players (or pay £3.75 per week )		
Fees cover all practices, games, all registration fees & travel to games outside of London		



## Photograph and Image Consent

The player and their parent / guardian give consent for photographs or recorded images to be taken during the course of the season in all England Basketball league, cup and play off matches. Consent is given on the understanding that the 'Guidelines for the use of Photographic and Recorded Images of Children, Young People Under the Age of 18 and Vulnerable Adults' of the England Basketball Child Protection Policy and Procedures, are strictly adhered to.

(<http://www.londonpioneers.com/policies/pagePolicy.php>). These images could be used on the London Pioneer website according to the same guidelines

I Agree  I do not Agree

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### Photo ID (For access to Stockwell Park HS ONLY)

Stockwell Park HS will provide Photo ID to Pioneer players/members to gain access to the school for training and games. Players MUST present this ID to the School Security to enter. The ID will be issued free of charge but replacements for lost cards will cost £1.

I Agree  I do not Agree  N/A

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Payments should be made to club coaches, who will provide receipts. Cheques should be made payable to: **London Greenhouse Pioneers.**

If for any reason you are unable to pay the membership fees for your child, please contact your coach so that we may find a way to accommodate your child's desire to play basketball. We do not want any child to be prevented from playing basketball for financial reasons and will treat such matters with the greatest discretion and confidentiality.

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By returning this completed form, I agree to my child taking part in the activities of the club.

I understand that I will be kept informed of these activities. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with the injury/illness appropriately.

Signature of parent/guardian: \_\_\_\_\_ Name of parent/guardian:

Signature of Player: \_\_\_\_\_

Date