



Titans Basketball Club Juvenile Membership and Consent Form 2015/16

Parent Forename(s)		
Parent Surname(s)		
Parent Email(s)		
Parent Telephone(s)		
Address		

Juvenile Forename	Surname	Date of Birth	M/F	Allergies / Conditions / Medication / Needs
1.				
2.				
3.				
4.				

Please select Membership Options	Rate	Qty
First Child	€125	
Additional Child (reduced rate for each additional child in the family)	€60	
Family Membership (where there are senior memberships in the same family unit)	€300	
Student (over 18 and in full time education)	€150	
Adult Member	€225	
Total		

We are a voluntary organisation and we need parents to assist with Gym door supervision and/or coaching support throughout the season on a rostered basis (I.e once every 3-6 weeks)	
I am willing to help the club by doing Gym Door Supervision	
I am willing to help the club by assisting in coaching the Juvenile members	

Please read this page fully prior to signing

DATA PROTECTION

Titans Basketball Club is committed to ensuring it meets the specific responsibilities set out in the Data Protection (Amendment) Act 2003. Members of Titans Basketball Club are also members of Basketball Ireland (www.basketballireland.ie), the National Governing Body for Irish Basketball, and membership details are passed to Basketball Ireland. Members who play under the Galway and Regional Area Boards may have their names and dates of birth given to these Area Boards.

PERSONAL ACCIDENT INSURANCE

Titans Basketball Club does not provide **Personal Accident** Insurance for members.

PARENT / GUARDIAN DECLARATION

- I have been made aware that Titans Basketball Club has developed a Child Protection Policy and that they are committed to ensuring the safety of my child by having;
 - A Coaches / Volunteer Charter
 - A Transport Policy
 - An Anti-bullying Policy
 - Public Liability Insurance
 - Disciplinary Procedures
 - A Designated Child Protection Officer
 - Guideline on Confidentiality
 - A Photography Policy
- I have been made aware that copies of all these policies, along with procedures for complaints and contact details of the Child Protection Officer are available to download on the club's website www.titans.ie or in hardcopy from from any Committee Member.
- I give my consent for my child to be photographed in line with this policy.
- I will inform the Coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.
- In the event of illness, having parental responsibility for the above named child/children, I give permission for medical treatment to be administered where considered necessary by a nominated First Aid provider, or by a suitably qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- To assist with supervision at coaching sessions throughout the season I am willing to allow my phone number to be circulated, on a list, to parents of members of Titans Basketball Club.
- The Parent/Guardian further confirms that that the details contained herein are correct to the best of his/her knowledge; that they have parental responsibility for the member applicant and gives parental consent for the child to participate in and travel to all activities.

PARENT/GUARDIAN SIGNATURE		DATE	
Total Paid:	Cash / Cheque / Bank	Receipt No	