



2020 Club Membership Form and Consent

tipoffsportsvikings@gmail.com

All prospective members of **Tip-Off Sports Vikings Basketball Club** also known as **The Vikings** are required to complete this registration form and return it with any outstanding payment prior to being eligible for selection to play in the 2020 season. All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS		DATE OF BIRTH	
		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

SECTION 2: MEMBER INFORMATION

(Information in this section is optional and will be used for club development purposes only)

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Would you be interested in learning to coach and/or umpire? (Please state)
What skills do you have that could help develop the club? (e.g. web design, printing, planning, sponsorship, etc)

SECTION 3: MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the club's responsibility to its membership, **ALL** club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
Do you have any medical conditions we should be aware of?					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider myself (my son/ daughter) * to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by Tip-Off Sports Vikings Basketball Club to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

SECTION 4: UNDER 18 MEMBER CONSENT (**TO BE COMPLETED BY PARENT/GUARDIAN**)

It is a requirement of club policy that parental consent is provided for participation, transportation and photography.

TRAVEL: I consent to my child travelling to venues outside of Johannesburg for matches and training by the transport provided by the club.

PHOTOGRAPHY: In some environments, particularly competition it is impossible to control photography by external parties, however, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Tip-Off Sports Vikings Basketball Club. Such images shall only be used for publicity/training purposes in accordance with the club's policies and give consent for my child to feature in such images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots.

SIGNED		DATE		RELATIONSHIP	
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Please sign scan and return this document by e-mail to tipoffsportsvikings@gmail.com or Return to Elvis Ukpong in person