CHALFONT SOFTBALL CLUB REGISTRATION FORM

www.chalfontsoftballclub.co.uk

All members of Chalfont Softball Club are required to complete this registration form. If any details on this form have changed, a new form needs to be completed each season. All details will be kept in a secure database with access restricted to authorised club officers only. Membership payment required by 30th April each year.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	**Mr/Mrs/Miss/Ms (Please circle)**		
FULL NAME			
ADDRESS 1		**DATE OF BIRTH**	
ADDRESS 2		**HOME PHONE**	
TOWN		**MOBILE**	
POST CODE		**EMAIL**	

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
SENIOR	Full Senior Membership	£50	
STUDENT/UNEMPLOYED	Persons in full-time education or long-term unemployed	£25	
JUNIOR	Junior Membership (U18)	£25	

Please note the following:

- Membership runs yearly from 1st April
- Membership is not transferable.
- Cheques should be made payable to Chalfont Softball Club
- The information on this form will be used by Chalfont Softball Club to inform you of events and activities within the club. The information will not be given to any outside body unless specifically requested to do so. Under the terms of the data protection act we respect your privacy
- All above members shall be entitled to attend General Meetings and Senior Members shall enjoy voting rights at General Meetings.

SECTION 3: SENIOR MEMBER DECLARATION

I hereby agree to abide by the constitution of Chalfont Softball Club and the rulings of the Chalfont Softball Club Committee.

SIGNED		**DATE**	

SECTION 4: JUNIOR MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN)

In case of emergency and as part of the clubs responsibility to its membership, JUNIOR 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**	
DOCTORS NAME		**SURGERY**		**PHONE**	
As far as you are aware, are you allergic to any drugs? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider 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 he/she is injured I give my permission for the team managers/coaches appointed by Chalfont Softball Club to obtain emergency medical treatment on my behalf.					
SIGNED		**DATE**		**RELATIONSHIP**	

SECTION 5: JUNIOR MEMBER CONSENT

(To be completed by PARENT or GUARDIAN)

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

Please read the following declaration and then sign and date at the below.

PARTICIPATION: I hereby agree that my son/daughter will abide by the constitution of Chalfont Softball Club and the rulings of the Chalfont Softball Club Committee.

PHOTOGRAPHY: In some environments, particularly adult competition, it is impossible to control photography by external parties, however, I am aware that there may be times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of Chalfont Softball Club. Such images shall only be used for publicity/training purposes and give consent for my son/ daughter to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED		DATE		RELATIONSHIP	

SECTION 6: ETHNICITY & DISABILITY

(Optional)

Please tick the box that best describes your ethnicity:

ETHNICITY	PLEASE TICK	ETHNICITY	PLEASE TICK
White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White and Black Caribbean		Black or Black British – Caribbean	
Mixed – White and Black African		Black or Black British – African	
Mixed – White and Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

Please tick to indicate any learning or physical disabilities

DISABILITY	PLEASE TICK
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information:

SECTION 7: HOW DID YOU FIND OUT ABOUT US?

	PLEASE TICK
Through a friend (please give their name)	
From BSUK/Windsor and Maidenhead District Mixed Softball League	
Chalfont Softball Club website	
Local press/flyers/marketing (please specify)	
Through my school/college (please specify)	
Other (please state)	

To ensure that we have the correct contact details for you, please complete the information requested above and return this form to a member of the Chalfont Softball Club committee.