



Hampshire Hornets

Wheelchair Basketball Club For Children aged 7-17

Contact Details			
Name			
Age		Date of Birth	
Address			
Email Address			
Home Telephone Number			
Mobile Telephone Number			
Emergency Contact Name			
Emergency Contact Number			
GP Name address and telephone numbers			
Parental Consent to emergency medical assistance			
Parent/Guardian Name			
Date			

Photographic Consent – I understand that the use of photographic material to promote the club may be used and as a member I have the opportunity to withdrawal this

Pinehill, Winchester Road, Micheldever, Winchester SO21 3DG
Contact Toni Dare 01962 774577

consent, by notifying the club in writing. A full copy of our photographic policy is available on request.

Delete as appropriate Photographic Consent YES / NO

Medical Treatment – I understand that in the event as an emergency that the club will seek and operate on a safety first basis, therefore they will seek and apply any medical assistance as considered appropriate.

Delete as appropriate Medical Treatment YES / NO

.....Signature of Parent/Guardian

.....Date Of Consent