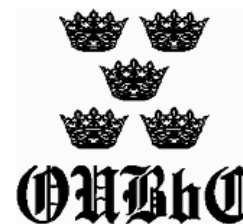


OXFORD UNIVERSITY BASKETBALL CLUB

Membership Form for 2006/2007

Sections 1, 2 and 3 must be completed before being allowed to participate in the club



Section 1 - Personal Details (Please complete in capital letters)

Name: (Mr/Mrs/Ms)..... Date of birth.....

College/Department:

Oxford email address:

Permanent email address:.....

College/mobile number:

Home address:

.....

Postcode: Home telephone number:

Emergency contact name & telephone number:

Any other personal information which is of benefit to the club which you would like to share:

.....

Section 2: Declaration

- I understand that there is an element of risk involved with the playing of all sports.
- I have received during Michaelmas/Hilary/Trinity Term (Please circle accordingly) a safety briefing from members of the Club Committee on the fundamental safety aspects of the Oxford University Basketball Club**
- I have read the Risk Assessment, Codes of Conduct, and Constitution of the Oxford University Basketball Club as displayed on the club webpage and I agree to abide by the clubs guidelines at all times.** Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.
- I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.
- I agree to this form being kept indefinitely by the *Oxford University Basketball Club*, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 3: Medical Information

- I have no** medical condition which will prevent me from taking part fully in my sport.
- I have** a Medical Condition which may limit/prevent full and safe participation in my sport.
- I agree** to bring medication (where required) to all club sessions.
- I will inform** my club President if my medical **circumstances change** in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:..... (legal guardian if under 18 years of age)

Signature:..... Date:.....

Oxford University Basketball Club		
OU Member card number:	Amount: £.....	[cash] [cheque]
External Student Staff	NGB Membership: £.....	
Annual Term Summer		
Secretary Name	Signature	Date:.....