



Cheshire Phoenix Wheelchair Basketball Club

Membership Form

Name

Address

.....

.....

Tel. No.

Email

D/O/B

Emergency contact name and number

1

2

Yes I do/No I do not agree to Cheshire Phoenix Wheelchair Basketball club keeping my information under GDPR only to be used for Wheelchair Basketball and shared with British Wheelchair Basketball (BWB) and medical professionals as necessary

Yes I do/No I do Not agree to my name and image being used by Cheshire Phoenix for social media and promotion of club

Yes I do/No I do not agree to my email being added to the club "mail chimp" mailing list

By signing this document I agree to abide by the Rules and Codes of Conduct of the club these can be found on our website www.cheshirephoenixwbc.co.uk

Name..... Signature.....

Parent/Guardian signature (if under 18).....

Date.....

Please be aware that we cannot administer any medication or help with toileting during training so if your child/ward needs assistance you will be required to stay.

Medical Information

Disability

.....

Allergies

.....

Name of medication	Dosage	Frequency

Please tick any as appropriate

Wheelchair User	
Learning Disability	
Visual Impairment	
Hearing Impairment	
Amputee	
Mental Health	
Physical Disability	
Other	
None	