**Player Registration and Consent Form**

**Updated February 2021**

Sample Cover Letter to Parents

Dear Parents/Guardians,

Please read the attached information carefully and complete the documentation below to register your child with insert club name.

* Club Venue:
* Training Day/Times:
* Key Club Contact Details:
* Insert Club Name has a dedicated Club Welfare Officer to help create a safe and welcoming environment for our members, coaches and parents. If you have any questions relating to welfare/safeguarding or would like to raise a concern, our CWO is your main point of contact.

Our CWO helps to protect our young members against abuse of any kind. They also support the education of our coaches, volunteers and committee members on good practice, processes & procedures and what to do if they have concerns about a young person’s safety.

Our CWO also assists Basketball England if there are any investigations/concerns raised against the club. This involves:

* Being a point of contact between the club and NGB for when concerns are raised against the club.
* Being able to collate evidence/information regarding concerns.
* Being able to collect statements/witness accounts of any concern.
* Being able to compile any evidence in a suitable manner that can be submitted to Basketball England.

Club Welfare Officer Contact Details:

Photo of Club Welfare Officer

* Insert Club Name has a dedicated late collection procedure as outlined below.

Insert details of the club’s procedure.

*Example:*

*Please ring the staff contact number below if there is any likelihood of late collection.*

*Staff Contact Name and Phone Number:*

*Coaches may not be able to answer their phone during training/games but please leave a message.*

*There will be space in Section 1 of the Registration Form below to provide an alternative contact name and number which will be used if you cannot be reached on your usual number.*

***In cases of late collection, staff will:***

* *attempt to contact the parents on their contact numbers;*
* *use the alternative contact name/number if possible;*
* *wait with the child at the sport facility, with other staff or parents present if possible;*
* *if the child is not collected within 30 minutes of the end of the session, the staff member should speak to the Club Welfare Officer to decide whether it is necessary to contact Children’s Social Care, for example, where the staff member has not been able to make contact with a parent/guardian;*
* *remind parents of the policy relating to late collection.*

***In cases of late collection, staff will not:***

* *take the child home or to any other location without speaking to their parents;*
* *send the child home with another person without permission from a parent;*
* *leave the child on their own;*
* *ask the child to wait in a vehicle or sport facility with you alone.*
* Insert Club Name will use the following procedures/platforms to communicate with you and your child/children.

Outline communication procedures/platforms e.g., Whatsapp, Heja etc.

We look forward to welcoming you to insert club name.

Yours Sincerely,

Insert Club Chairman/Administrator name and contact details.

Section 1 – Member and Emergency Contact Details

The personal information on this form will be held securely and will only be shared with coaches or other individuals who need this information in order to meet the participant’s specific needs and make appropriate adjustments to training.

**Member Details**

|  |  |
| --- | --- |
| Member Name (in full) |  |
| Date of Birth |  |
| Gender |  |
| Parent / Carer Home Phone Number |  |
| Parent / Carer Mobile Phone Number |  |
| Parent / Carer Email Address |  |
| Address |  |
| Postcode |  |

**Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Contact Name |  | Relationship to Player |  |
| Home Phone |  | Mobile Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd Contact Name |  | Relationship to Player |  |
| Home Phone |  | Mobile Phone |  |

**Alternative Contact Details** *(these will only be used if the two contacts above cannot be reached).*

|  |  |  |  |
| --- | --- | --- | --- |
| Alternative Contact Name |  | Relationship to Player |  |
| Home Phone |  | Mobile Phone |  |

**Disability**

|  |  |  |
| --- | --- | --- |
| Do you consider the member to have a disability? | * Yes | * No |
| If yes, please indicate the nature of the member’s disability by ticking the appropriate box: | * Hearing Impairment | * Learning disability |
| * Visual Impairment | * Physical disability |
| * Mental Health Issues | * Do not wish to disclose |

**Medical/Health Information**

|  |  |
| --- | --- |
| Does the member have or have they ever experienced any of the following? Please tick the appropriate box: | |
| * High or low blood pressure | * Elevated blood cholesterol |
| * Diabetes | * Chest pains brought on by physical exertion |
| * Childhood epilepsy | * Dizziness or fainting |
| * Any bone, joint or muscular problems with arthritis | * Asthma or respiratory problems |
| * Any sustained injuries or illness | * Allergies |
| Please add any further relevant details here: | |
| Is your child taking any medication? If yes, please specify: | |
| Has you doctor ever advised your child **not** to exercise: | |

**Individual Needs**

|  |
| --- |
| Please provide details below of any specific individual needs that we may need to be aware of in order to support the member within club sessions, including any access/communication support required, medication taken etc. |
|  |

**Religious Needs**

|  |
| --- |
| Please specify any details of religious requirements: |
|  |

Section 2 – Consents

*To be completed by a parent/carer:*

|  |
| --- |
| Participation: |
| * I consent to my son/daughter taking part in basketball. |
| * I confirm that myself and my son/daughter are aware of the club’s and Basketball England’s Codes of Conduct and understand and agree to our responsibilities in connection with these policies. |

|  |  |
| --- | --- |
| Photography: | |
| * I consent to my son/daughter being photographed/videoed during sessions for coaching/development purposes. * I can confirm that I have read, or been made aware of, insert club name and/or Basketball England’s **Photography and Video Guidance.** * I can confirm that I have read or been made aware of how insert club name will use these images or videos in future and how these images or videos will be stored within the club. * I understand that consent lasts for one whole year, unless stated otherwise and that if I wish to remove my consent, I must contact insert club name or relevant staff name directly. | |
| *To be completed by child:*   * I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to insert club name photographing or videoing my involvement in *sporting activities.* * I confirm that I have read, or been made aware of, the insert club name and/or Basketball England’s **Photography and Video Guidance.** | |
| Signature of child/young person |  |
| Print name child/young person |  |
| Date |  |
| Signature of parent /carer |  |
| Print name parent/carer |  |
| Date |  |

|  |
| --- |
| Medical: |
| * I confirm that to the best of my knowledge, my son/daughter is physically fit and healthy and I have declared any medical information that the club needs to consider prior to allowing my son/daughter to participate in basketball activity. |
| * I consent to my son/daughter receiving emergency medical treatment or first aid, which, in the opinion of a qualified medical practitioner or first aider, is considered necessary. I understand that should such a situation arise, all reasonable steps will be taken to contact an emergency contact. |

|  |  |  |  |
| --- | --- | --- | --- |
| * I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will advise the club of any changes to this information. | | | |
| Signature of Member |  | Date |  |
| Signature of Parent/Carer |  | Date |  |

**General Data Protection Regulations 2018**

Insert club name is a privacy conscious organisation and is strongly committed to privacy. Our Data Protection Policy, follows guidelines set out in General Data Protection Regulations (May 2018).

The above act was introduced to unify all EU member states' approaches to data regulation, ensuring all data protection laws are applied identically in every country within the EU. The GDPR was created to regulate how businesses use data, ensuring it's the same across the entire EU. It has been adopted into UK law from 25th May 2018, and we now abide by UKGDPR.

It is our responsibility to ensure that the documentation and data held on subject is:

* Processed lawfully, fairly and in a transparent manner
* Collected for specified, explicit and legitimate purposes
* Adequate, relevant, and limited to what is necessary
* Accurate and kept up to date, where necessary
* Kept in a form which permits identification of data subjects for no longer than is necessary
* Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer the insert programme name. The data subjects will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed.

The data collected on this form will be used solely for use by insert club name during the insert programme name that this information has been collected for, where your son/daughter is participating and the data will not be shared with any 3rd party.

If you have queries regarding data protection, please contact insert contact details.