# Circle Logo

# Brighton & Hove Scorpions AFC - U17’s Registration Form

**Membership 1/11/21 to 30/9/22 (£60 Club & £5 League)**

**Confidentiality:**

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

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| --- | --- |
| Name of child/young person:  |  |
| Address: |  |
| Date of Birth: |  |
| Gender: (optional) |  |
| Name of parent / carer 1: |  |
| Day time Tel No parent/carer: |  | Mobile Tel No parent/carer: |  |
| Email address parent/carer: |  |
| Name of parent / carer 2: |  |
| Day time Tel No parent/carer: |  | Mobile Tel No parent/carer: |  |
| Email address parent/carer: |  |
| ***Emergency contact information:*** |
| Name of alternative adult who can be contacted in an emergency: |  | Relationship to child/young person: |  |
| Day time Tel No alternative adult: |  | Mobile Tel No alternative adult: |  |
| Please confirm if there any activities that your child can not participate in? | Please give details: |
| ***Medical information:*** |
| Any specific medical conditions requiring medical treatment? | **Yes:** Please give details: | **No:** |
| Details of medication required (pain/auto injector/inhaler): |  |
| Any specific medical condition or disability? | **Yes:** Please give details: | **No:** |
| Any additional needs such as mental well-being, anxiety or learning requirements? | **Yes:** Please give details: | **No:** |
| Any allergies? | **Yes:** Please give details: | **No:** |
| GP details | **GP Name:**  | **Surgery & Tel :** |
| Does your Player wear glasses or contact lenses | **Yes:** Please give details: | **No:** |
| **Consent information:** *please tick the boxes below* |
| * I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.
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| * I give my consent to the use of photography and other recordings of my child solely for the purpose of either promoting the club or for training purposes so long as it is in keeping with the Photographing and Videoing policy. This includes usage on social media such as Facebook, Instagram, Twitter and the club’s official website.
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| * I understand that whilst all measures are taken to ensure a safe environment is provided by the Brighton & Hove Scorpions AFC, the sport of American Football whether flag or kitted can be dangerous and that injuries and accidents can occur from time to time. I also confirm that these dangers have been explained to me in detail by the coaching staff and that I fully understand the potential risks involved for the player.
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| * I understand that communication from the club will be via the app ‘Heja’ and that I have signed up to it using code **EQ-507831**
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| * I understand that a player is only able to participate in club activities including training and games if they are (a) Registered and have an active BAFA membership and (b) Completed all club forms and (c) Have paid club memberships or have an agreed payment plan in place with the club. (for all new players who have never been a member of BAFA are able to attend 3 free sessions before committing to the club, although all forms must still be completed).
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| * **I confirm that I have read, or been made aware of, the organisation’s policies concerning: All documents can be found here** <https://bhscorpions.com/documents>
* Codes of conduct for parents, coaches, children & young people
* Acceptable use policy for internet and social media use
* Concussion Policy
* Safeguarding & Welfare, Photography & Video**,** Anti-Bullying and Equality & Diversity Policies
* Covid-19 Rules and Protocol
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| * I can confirm that my child is aware of the *Brighton & Hove Scorpions AFC* code of conduct for children and anti-bullying policy.
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| **Signature of child/young person :** |  |
| **Print name child/young person:** |  |
| **Date:** |  |
| **Signature of parent / carer:** |  |
| **Print name parent / carer:** |  |
| **Date:** |  |