



London Renaissance Basketball Foundation



Summer School Application Form

PLAYERS DETAILS (Please complete in Block Capital Letters)

Name: _____

Gender Male Female

Date of Birth _____
 DD/MM/YYYY

Address

Post Code _____

Home Telephone no. _____

Email Address _____

Name of School _____

Address

Post Code _____

School Telephone no _____

Name of Maths Teacher _____

Maths Teachers Email Address _____



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TO BE COMPLETED BY PARENT/GUARDIAN

MEDICAL INFORMATION AND CONSENT FORM

Name of Parent/Guardian _____

Mobile Telephone No _____

Players Medical History (any medical condition we should be aware of)

Disability or Special Need (any special need we should be aware of)

Emergency Contact 1: _____

Phone No _____

Emergency Contact 2: _____

Phone No _____



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PARENTAL CONSENT

I _____ (name) of _____ (address)

Have parental authority for _____ (players name)

I confirm, consent and agree as follows:

1. The player can participate in the programme
2. I consent to the capture of still images (photographs) and moving images (film/video) of the player. I accept that the subsequent use may be in a number of media, including but not limited to print, digital and electronic use by The London Renaissance Basketball Foundation and/or by agents authorized by The Foundation.
3. The London Renaissance Basketball Foundation cannot be held responsible for any loss or damage to any personal belongings whilst in attendance on, or travelling to or from one of our events
4. I grant permission to the officials and staff of The London Renaissance Basketball Foundation to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release officials and staff of The London Renaissance Basketball Foundation from any liability for any injuries while participating in the programme.

DECLARATION

Signed _____

Date _____