

# Membership Form

## 2025/26



# Membership Form

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Player Details			
Full Name:		Date of Birth:	
Ethnicity:		Home Telephone No:	
Email:		Mobile No:	
Address (incl. Postcode):			
Previous Club		Gender:	Height:
Any Known Disability      Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes please specify:	
Shirt Size:			
Emergency Contact Details			
Name:		Relationship:	
Email:		Contact No:	

**Registration Details**  
*Anyone who wishes to play at any level of competition for the club needs to be a club member and registered with Basketball England.*

**Please tick relevant box below:**  
*I hereby acknowledge and agree that by opting for the instalment plan, I am making a commitment to fulfil the total season fee for my membership, irrespective of the method of payment or its instalment nature. I understand that any failure to honour this commitment may result in appropriate actions taken by the club.*

- |                               |   |                          |
|-------------------------------|---|--------------------------|
| Student Membership            | £150* + £50 monthly x 4 months (£350.00)  | <input type="checkbox"/> |
| National League Men           | £150* + £75 monthly x 4 months (£450.00)  | <input type="checkbox"/> |
| National and Local League Men | £300* + £100 monthly x 4 months (£700.00) | <input type="checkbox"/> |
| Student Membership            | £300* Upfront All Inclusive               | <input type="checkbox"/> |
| National League Men           | £350* Upfront All Inclusive               | <input type="checkbox"/> |

*\*The upfront payment will be required before players are registered with the team or be allowed to train.*

**All players are expected to provide a copy of their passport or birth certificate and have a digital photo taken for their licence. Non-British passport holders will require additional clearance procedures along with an increase in registration costs.**

**Declarations**  
In the event of any illness/accident, I agree to receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that my emergency contact as soon as is reasonably possible. I also understand that while the coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury incurred.

Date	
Signature of Player	

By signing this membership form, I understand and agree that my membership with Titans Basketball Club is a commitment for the entire season. In the event that I wish to terminate my membership before the end of the season without mutual consent from the club, I acknowledge that a compensation charge of £5,000 will be due. This compensation charge is intended to cover administrative costs and potential disruptions to team activities. Furthermore, I understand that I will not be released from my membership obligations until the compensation charge is paid in full.

Date	
Signature of Player	

**Photography/Filming:**  
In accordance with our Safeguarding Policy, Photography Guidance and Photography and Video Advice (CPSU) we will not permit photographs, video or other images of young people to be taken without the consent of the players.

Titans Basketball Club will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform a member of staff immediately.

<b>Consent Information</b>	
I consent to Titans Basketball Club utilising my name, voice, statements, photograph, image, likeness, actions in any live or recorded form (including, but not limited to, any form of photography, video, display, web content or other transmission or reproduction), in whole or in part, for promotional, training, assessment of me.	
<div></div> <div>(INSERT NAME OF PLAYER)</div>	
I can confirm that I have read, or been made aware of, the Titans Basketball Clubs photography and videoing policy.	
I can confirm that I have read or been made aware of how the organisation’s will use these images or videos in future and how these images or videos will be stored within the organisation.	
I consent to <u>Titans Basketball Club</u> sharing my contact details with other parties for the purposes of administering effective communication within the Club and for Club activities. This may include, but is not limited to, the use of WhatsApp and group emails. I am aware that my details will be visible to other parties through these communication tools.	
Signature of Player:	
Print name of Player:	
If you have any specific requests relating to communication methods, please insert details here	
Date:	

**DATA PROTECTION**  
Titans Basketball Club is committed to ensuring that personal information is protected and a copy of our Data Protection Policy can be found on our website. The use of WhatsApp and group emails has been a very effective communication tool over the last few years, allowing players to receive updates on various matters including changes to training times, game changes, events etc. However, as these methods allow other parties to view your contact details, we will require specific consent if you would like to receive information in this way.

<b>Consent Information</b>	
<i>To be completed by player:</i>	
I consent to <u>Titans Basketball Club</u> sharing my contact details with other parties for the purposes of administering effective communication within the Club and for Club activities. This may include, but is not limited to, the use of WhatsApp and group emails. I am aware that my details will be visible to other parties through these communication tools.	

Signature of Player:	
Print name of Player:	
Date	
If you have any specific requests relating to communication methods, please insert details here	
Date:	

Please return the signed form to your coach or email [admin@titansbasketballclub.com](mailto:admin@titansbasketballclub.com)