Office use: Registration Fee Paid

Office use.

Registered:

BE YBL

**Senior Player Registration Form 2018-2019**

**Participant information:**

Name:

Age: Date of Birth:

Ethnicity:

Medical Conditions:

Any other information:

Photo Consent: YES NO

Address:

Phone:

Email:

**Signed:**

Name: Signature: Date:

**Emergency Contact:**

Name:

Relationship:

Phone:

Email:

**Please tick:**

**I opt in for my details to be included in the West Brom Basketball Club database and to be contacted on the details provided for club news, updates and events.**