 Start Date: Wednesday 13th September 2017

**Rushcliffe Whiz Kidz 2017-18 Mini Basketball 21st Season Application**

End Date: Wednesday 13th June 2018

**Venue:** Jesse Gray School, Musters Road, West Bridgford, Nottingham, NG2 7DD

School Year: 2, 3, 4, 5 - **Session 1: Wednesdays 6.30-7.30pm**

School Year: 6, 7 - **Session 2: Wednesdays 7.30-8.30pm**

**Club Description:** Rushcliffe Whiz Kidz were founded in 1997 by Coaching Director Jimmy “Jumpshot” Smith. **Coach Smith, the author of *Running With The Greyhounds, A Century of Loyola Maryland Basketball History, has over 50 years experience in the game including the London 2012 Olympics and Paralympics*. Mini-Basketball England named their logo after him in 2012**. It is a family friendly mini-basketball club for boys and girls of all abilities from ages 6 -12 (School Years 2 through 7). Players receive instruction in fundamental skills, sportsmanship, team play, learning to compete in our monthly intra-club league-“NBA Night”, progressing to League competition and our older sections of Jets and Lady Jets.

**2017-18 Membership (34 weeks)**

**Guest Fee: £3.00 per session**

**Offer 1: Full Season(34 weeks): 68.00 GBP**

**Offer 2: Half Season (Expires 25/12/2017): 35.00 GBP**

 Make Cheque Payable To: **Rushcliffe Basketball Club**. Send To: Rushcliffe Basketball Club c/o Jimmy Smith, 77 Valmont Rd., Bramcote, Nottingham, NG9 3JD

Telephone/email Enquiries To: Coach Jimmy Smith: jimmy-jumpshot@hotmail.com

m. 07498875112

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:....................... School Year:......

Address: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s relationship to player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent from Parent/Guardian** My child is in good health and I consider him/her capable of taking part in the event. I consent that in the event of any accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Photography:** I am aware that photographs and video footage may be taken during this event for promotional purposes. I give consent for my child to features in such photos. Photos will be used for 2 years. If your decision changes call: 01159392819

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The use of flashlight photography will not cause problems for my child. (Please tick box )