



SCOTTISH HANDBALL  
ASSOCIATION

# SCOTTISH HANDBALL ASSOCIATION CLUB REGISTRATION FORM SEASON 2021/22



Please indicate whether your Chairperson, Club Secretary or Treasurer is to be your main contact by ticking the appropriate box, this will then be the person/persons to whom the Scottish Handball Association (SHA) will send all correspondence to, i.e. all emails, fixtures etc.

All forms must be returned via email to: [office@scottishhandball.com](mailto:office@scottishhandball.com) no later than 3 days before the first weekend of games. By signing this form you request admittance to the SHA for season 2021/22 and agree to abide by the Rules and Regulations of the Association and all Governing Bodies.

SHA takes privacy seriously and only uses personal information of your club's officials to administer membership of your club, providing it with access to services and benefits. Please read the SHA privacy notices, which set out how we use this data, who we share it with, how we keep it secure and your rights as a data subject.

## PLEASE COMPLETE THE FORM AND SIGN

TEAM NAME:	<input type="text"/>		
LEAGUE:	<input type="text"/>	CLUB/VENUE POST CODE (2021/22:)	<input type="text"/>
TEAM COLOURS 1 <sup>st</sup> Strip:	<input type="text"/>	2 <sup>nd</sup> Strip:	<input type="text"/>

**CLUB CHAIRPERSON** Please tick this box should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**CLUB SECRETARY** Please tick this box should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**CLUB TREASURER** Please tick this box should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**FIRST AIDER**FULL NAME:  DOB: DAY;  MONTH;  YEAR; EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course: **CHILD PROTECTION OFFICER**FULL NAME:  DOB: DAY;  MONTH;  YEAR; EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course: **HEAD COACH**FULL NAME:  DOB: DAY;  MONTH;  YEAR; EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course: **ADDITIONAL OFFICIAL (COACH etc.)**FULL NAME:  DOB: DAY;  MONTH;  YEAR; EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course: **ADDITIONAL OFFICIAL (COACH etc.)**FULL NAME:  DOB: DAY;  MONTH;  YEAR; EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**ADDITIONAL OFFICIAL (COACH etc.)**

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**ADDITIONAL OFFICIAL (COACH etc.)**

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**ADDITIONAL OFFICIAL (COACH etc.)**

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

EMAIL:

*RELEVANT QUALIFICATIONS (please tick boxes where relevant):*

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

Level 2 Coach:  PVG certificate:  Safeguarding and Protecting Children Course:

**SIGNATURE**

FULL NAME AND POSITION OF PERSON SUBMITTING THIS APPLICATION:

DATE: DAY;  MONTH;  YEAR;

SIGNATURE:

**Scottish Handball Association**

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