

CLARE CASCADER'S BASKETBALL CLUB

U _____

Registration Form 2016/2017

ID No with Basketball

Ireland _____

Players Details

PLAYER's Name: _____ Date of Birth: _____

Parents/Guardians Name/s: _____

Address: _____

Parents/Guardians Mobile: _____ Players Mobile: _____

Select Communication methods: SMS Viber Messenger WhatsApp Teamer

Contact Email: _____ (for Teamer notifications)

Parents/Guardians Declaration:

I/We understand the potential risks in playing basketball.

I/We have read and agree that my/our child will be bound by the rules outlined in the information booklet.

I/We give permission to photographs/video to be taken of our child (unless otherwise stated)

Note: The Club will never publish names with photos to protect children's identity.

I/We have received copies of the parents and players code of conduct in the information booklet and we (player & parents) are committed to complying with these.

Medical Check-List:

Does your child have any allergies or medical condition? _____

Is your child on any medication? _____

Does your child have any special needs? _____

I/We understand that our child does not have a medical condition that would make playing the sport of Basketball a health risk for him/her or others.

Signature of Player: _____ Date: _____

U18 - Parent/Guardian Signature: _____ Date: _____

FEES: For Entire Season 2016/2017 – incl Registration Fee with Basketball Ireland

U10 and U12 1st Child: €10.00 2nd Child: €5.00

U14/ U16 1st Child: €165.00 2nd Child: €130.00

U18 Boys 1st Child: €180.00

For Office Use only: Paid in Full: Deposit only Trial
Receipt No: Cash Cheque Date