

CLARE CASCADER'S BASKETBALL CLUB

Lorcan O'Connor Cup Registration Form



Players Details

Players Names: _____ Date of Birth: _____

Parents/Guardians Name/s: _____

Address: _____

Parents Mobile: _____

Contact Email: _____

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.

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

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

Medical Check-List:

Does your child have any allergies? _____

Does your child have a medical condition? (e.g. Asthma) _____

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.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____

FEES: 21-23 Feb 2019 Lorcan O'Connor Cup



Office Use:

€20.00 Paid in Full: Receipt No: Date: