

REGISTRATION FORM 2018/2019

Player Details

First Name	Surname
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Address	DOB -----/-----/-----
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Age Category <input type="checkbox"/> U12B <input type="checkbox"/> U14B <input type="checkbox"/> U16B <input type="checkbox"/> U18B <input type="checkbox"/> U20B <input type="checkbox"/> U12G <input type="checkbox"/> U14G <input type="checkbox"/> U16G <input type="checkbox"/> U18G <input type="checkbox"/> U20G <input type="checkbox"/> Senior Men <input type="checkbox"/> Senior Women	Total Fee Payable <input type="checkbox"/> €170 (1st Member) <input type="checkbox"/> €160 (2 nd Member) <input type="checkbox"/> Family €400 (3 or more Members)
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Paid by €Cheque Cash Combination

Notes

All new members are required to produce a photocopy of Birth Cert/Passport for Club records.

Guardian(s) Details

Parents/Guardian Name		
Contact Numbers	Mob:	
	Daytime:	
Email Address Must be provided		
	<input type="checkbox"/> Tick here to agree NOT to receive game schedules, game notifications and any newsletters	

Emergency Contact Details

Emergency Contact Name	
Contact Numbers	Mob: Daytime:

Medical Details	
Name of GP and Address	
Contact Telephone Number	Office: After Hours:
Details of any known Allergies: Medical Conditions: Medications being taken:	

In the event of illness, having parental responsibility for the above child, I give permission for medical treatment to be administered where considered necessary by a nominated first aid provider or by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

Photographs: I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport or as a training tool.

By signing below the applicant for membership affirms that the details contained herein are correct to the best of his/her knowledge and further agrees to abide by all the rules and regulations of Dunshaughlin Rockets Basketball Club. The guardian further confirms that they have parental responsibility for the Junior Member Application and gives parental consent for the child to participate in and travel to all activities.

Protecting your data is important to us see www.dunshaughlinrocketsbasketball.com/privacy for details on data privacy.

Basketball Ireland Insurance includes cover for fully paid up members only.
Dunshaughlin Rockets strongly recommend that you put in place insurance cover for you child as insurance is not included in your child's registration fee.

Initial here to confirm you have read this insurance notice.



Parent/Guardian Signature		Date: -----/-----/2018
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