

**EAST CAVAN EAGLES BASKETBALL CLUB**



**SENIOR PLAYER REGISTRATION FORM 2017/18**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

D.O.B: \_\_\_\_\_

*(Please supply a copy of your birth cert if new to the club).*

**Parents/Guardians names:** \_\_\_\_\_

**Contact numbers:** Land: \_\_\_\_\_ Mobile: \_\_\_\_\_

**\*\*E-mail address** *(for fixtures, events, coaching info & Basketball Ireland Insurance).*

\*\*\*\*\*All contact details must be that of guardian / parent.\*\*\*\*\*

\_\_\_\_\_

Medical Conditions current or past (*That coaches may need to be aware of*):

\_\_\_\_\_

*(This information will be strictly private and for club use only in case of emergency).*

**Consent for photographing/video-taking**

*There may be occasions where photographs/videos of young people involved in East Cavan Eagles Basketball Club will be taken. If this, or the use of the photographs on social media sites/newspapers, is a cause for concern please state so here or contact a member of the committee.*

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**Club fees: €200** (Registration includes Club Insurance & League Fees).

**Student Rate €150**

€100 payable on registration night, balance payable by 1<sup>st</sup> week February 2018

Players and parents/guardians are asked to read the Clubs Code of Conduct. A full copy is available on request or can be downloaded from [www.eagles.ie](http://www.eagles.ie)

I understand and agree to abide by the Code of Ethics of East Cavan Eagles Basketball Club

**Signed by:** ..... (Parent/Guardian)

**Signed by:** .....(Player)