

EAST CAVAN EAGLES BASKETBALL CLUB



ACADEMY 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: €50 (Registration includes Club Insurance & League Fees).

€25 payable on registration night, balance payable by 1st 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

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

Signed by: (Parent/Guardian)

Signed by:(Player)