



SENIOR PLAYER REGISTRATION FORM 2018/19

Name: _____

Address: _____

D.O.B: _____

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

Contact numbers: Land: _____ **Mobile:** _____

****E-mail address ****

(for fixtures, events, coaching info & Basketball Ireland Insurance).

All Information will be held by the club for the purpose of Insurance, registering player with Basketball Ireland and NEBB for league participation. Your information is confidential and will not be shared with any other 3rd parties.

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).

Payable on registration night or in full by October 15th 2018.

Players 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 and consent for my details to be held on file for the season.

Signed by:(Player)