

Application Form For New Junior Members (Under 18 yrs)

Contact Information

Name _____ Gender (Tick) Male: Female:

Address: _____

Date of Birth: _____

Parent/Guardian Contact Information:

Home Telephone: _____ Mobile Number: _____

Medical History Info of Child (details of any known allergies, conditions etc)

Other Information: Are there any other needs, steps to be taken if an incidence of a known condition occurs while in our care, requirements or directions that would be helpful for leaders to know about?

Parental/Guardian Consent

I am the Parent/Guardian of: _____

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

Drug Testing(for National & International Competition Only): I give permission for my child to be tested for prohibited substances in accordance with the Irish Sports Council Anti Doping Rules (where applicable)

In the event of illness: having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Declaration: I agree to the above conditions and consent to the above child

participating in activities of the organisation in line with the Basketball Ireland Code of Ethics for Children's Sport. I will inform the leaders of my children's activities of any changes to the information above.

I confirm that all details are correct and that I am able to give parental/guardian consent for my child to participate in and travel to all activities. I understand that it is my responsibility to ensure that my child(ren) travel safely to & from the venues for all events and matches.

Parent/Guardian Name
(BLOCK CAPITALS):

Signature:

Date:
