



## Provincial Academy Trials

### Registration Form

#### Player Details

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

Date of birth: \_\_\_/\_\_\_/96/97 (circle the appropriate year) Age: \_\_\_\_

Gender: \_\_\_\_\_

Size: XL \_\_ L \_\_ M \_\_ S \_\_

#### Contact Details

Address:

\_\_\_\_\_  
\_\_\_\_\_

Province: \_\_\_\_\_

Parents/guardian mobile number: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ (please ensure to list an email address)

#### Basketball Details

School: \_\_\_\_\_ Club: \_\_\_\_\_

#### Medical History

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical condition? \_\_\_\_\_

*If you answered yes to any of the above please state the allergy/medical condition.*

\_\_\_\_\_

#### Terms and Conditions

In the case of a medical emergency Basketball Ireland will bring the camper to the nearest hospital/medical practice as soon as possible and contact parent(s)/guardian(s) immediately. Basketball Ireland is covered by Public Liability Insurance but not for Personal Accident. Parent (s)/Guardian (s) are responsible for each child's welfare to and from the trial.

**The signing of this form signifies an agreement to all terms and conditions of the trials, and a willingness to comply with any regulations established by the Basketball Ireland Staff.**

Parent (s)/Guardian (s): \_\_\_\_\_

