

2 Greystown Avenue  
Upper Malone Rd  
Belfast  
Co. Antrim  
BT9 6UJ  
T:+44 (0) 7720 289909  
E: [bredad@msn.com](mailto:bredad@msn.com)

# Registration Form



## Section A: Member Details

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_  
Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_ Postcode B T \_\_\_\_\_  
Email: \_\_\_\_\_

## Section B: Parental Consent

*(required by BI for all under age of 16)*

Parent Name \_\_\_\_\_  
Contact # \_\_\_\_\_  
Parent E-mail \_\_\_\_\_

## Section C: Officials

Qualification	Year Attained

### **Detail any medical conditions:**

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

**Do you give your permission for the club  
to photograph your child?**

Yes

No

**Are you willing to help out in the club?**

Yes

No

[www.lisburncitybasketball.com](http://www.lisburncitybasketball.com)

CLUB FEES £120  
50% PAYABLE AT AGM ON 22/5/10