

**WATERGRASSHILL UNITED  
REGISTRATION FORM 2016/2017**



PLAYERS FULL NAME:

PLAYERS DATE OF BIRTH:

PLAYERS GENDER: MALE  FEMALE

PLAYERS ADDRESS:

**PARENT/GUARDIAN'S DETAILS**

NAME:

NAME:

MOBILE:

MOBILE:

EMAIL:

EMAIL:

OTHER EMERGENCY NUMBER and NAME:

**ALLERGIES/AILMENTS:**

I AGREE /  I DO NOT AGREE FOR FIRST AID TO BE ADMINISTERED TO ABOVE PLAYER IN THE EVENT OF INJURY OCCURRING DURING A TRAINING SESSION OR MATCH ORGANIZED BY WATERGRASSHILL UNITED.  
(Tick as appropriate)

I AUTHORIZE /  I DO NOT AUTHORIZE WATERGRASSHILL UNITED TO INCLUDE ABOVE PLAYER IN PR PUBLICATIONS PUBLISHING ON OUR CLUB WEBSITE, OUR CLUB FACEBOOK PAGE AND LOCAL NEWSPAPERS.  
.(Tick as appropriate)

I AGREE /  I DO NOT AGREE TO BE INCLUDED IN THE WATERGRASSHILL EMAIL NOTIFICATION LIST TO KEEP ME UP TO DATE WITH THE LATEST WATERGRASSHILL UNITED NEWS (Tick as appropriate)

*BY SIGNING THIS FORM I AGREE THAT ABOVE PARENTS/GUARDIANS AND PLAYER WILL ABIDE BY THE WATERGRASSHILL UNITED CODE OF CONDUCT. I FURTHER AGREE WITH THE CLUBS NO PAY, NO PLAY POLICY AND AGREE TO PAY THE REGISTRATION FEE IN FULL WITHIN 30 DAYS OF SIGNING.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CLUB FEE – (CLUB USE ONLY):**

AMOUNT RECEIVED: ACADEMY (U6-U11) €40 , CSL €50  CWSSL €50 , CYL €50 , AUL €100

RECEIVED BY:

DATE RECEIVED :

RECEIPT NR: