

**WATERGRASSHILL UNITED
REGISTRATION FORM 2017/2018**



PLAYERS FULL NAME:

PLAYERS DATE OF BIRTH: MALE FEMALE

PLAYERS ADDRESS:

PARENT/GUARDIAN'S DETAILS

NAME:	NAME:
MOBILE:	MOBILE:

CONTACT 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.

I AUTHORIZE / **I DO NOT AUTHORIZE** WATERGRASSHILL UNITED TO INCLUDE ABOVE PLAYER IN PHOTOGRAPHS AND PUBLICATIONS ON OUR CLUB WEBSITE, FACEBOOK, TWITTER AND LOCAL NEWSPAPERS.
(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 UNDERSTAND THAT DUE TO FAI GUIDELINES ADEQUATE SUPERVISION MUST BE MAINTAINED AT ALL TIMES. BEST PRACTICE ADVICE FOR ACADEMY TEAMS ADVOCATES ADULT CHILD RATIOS OF 2 LEADERS TO EVERY 16 CHILDREN (1:8) BUT NO COACH, MANAGER OR VOLUNTEER WORKS ALONE. IF NO ADEQUATE SUPERVISION CAN BE GUARANTEED THE CLUB HAS THE RIGHT TO CANCEL TRAINING, MATCHES AND POSSIBLY WITHDRAW THE TEAM. 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: _____