

**WATERGRASSHILL UNITED  
REGISTRATION FORM 2017/2018**



**PLAYERS FULL NAME:**

**PLAYERS DATE OF BIRTH:**

**PLAYERS GENDER:** MALE  FEMALE

**PLAYERS ADDRESS:**

**PARENT/GUARDIAN'S DETAILS**

<b>NAME:</b>	<b>NAME:</b>
<b>MOBILE:</b>	<b>MOBILE:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

**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 PHOTOGRAPHS AND PUBLICATIONS ON OUR CLUB WEBSITE, FACEBOOK, TWITTER 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:** \_\_\_\_\_