

**WATERGRASSHILL UNITED  
REGISTRATION FORM 2015/2016**



**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: