

**FIRHOUSE NOTRE DAME GIRLS BASKETBALL CLUB**  
**JUNIOR MEMBERSHIP APPLICATION 2016/2017**

**Please print all information in block capitals**

We wish to make an application for membership of Firhouse Notre Dame Basketball Club for 2016/2017 season for:

(If applicable)

First Child .....Date of Birth.....Mobile No. \_\_\_\_\_

Second Child .....Date of Birth.....Mobile No. \_\_\_\_\_

Address:.....

.....  
**Parents/Guardians please read each of the following**

- \* We regret those children not yet 6 years of age cannot under any circumstances be afforded membership. Please do not request special treatment. (Birth Certificate must be furnished on request)
- \* Please note that membership of Firhouse Notre Dame Girls Basketball Club is subject to the completion of this form & payment of initial registration.
- \* Firhouse Notre Dame Girls Basketball club accepts no responsibility for any loss or damage to personal articles belonging to its members.
- \* We also accept no responsibility for injury to any member of this club during training sessions or whilst participating in any matches. In particular we advise all parents that children are strongly advised to wear a gum shield for both training and games.
- \* Any player who leaves the club during the season or at the end of the season **must return** kits to their team manager. Any player who does not return the kit will be subject to paying the full cost.
- \* All members' players and parents must adhere to the club code of ethics and conduct policy.

**Throughout the season we hope to include action pictures of the various games /events/teams on our notice board and website [www.firhousebasketball.ie](http://www.firhousebasketball.ie). If you **do not want** your child included in these pictures for the website please place a tick in the box. Photographs of individuals (i.e. Player of the tournament, year etc.) will only be included on the website if consent is given by parents or guardians for that particular occasion or photograph.**

Signed (Parent/Guardian) \_\_\_\_\_

Please print Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Please give any relevant medical history: \_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_