

***Some below details are solely needed for Basketball Ireland registration***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Player Member Details** | | | | |
| **Name & Gender** | **Aidan O'Regan** | **Male** | **Date of Birth** | **2009-05-25** |
| **Address**  **(incl. Eircode)** | **Seefin, Broofield East,  Midleton** | | **Role** | **Player** |
| **You must inform the club of any change of address** | |
| **Email in BLOCK CAPITALS** | **sheila\_o\_regan@hotmail.com** | | ***If under 18 years, alternative adult’s email must be supplied – see Child Protection Policies*** | |
| **(may be used for registering with Basketball Ireland \ occasional communication)** | |
| **Previous Club** |  | | ***A completed Transfer Form may be required per Basketball Ireland / Cork Basketball Boards rules*** | |
| **(full details of any Basketball Club you were previously registered with)** | |
| **Medical Details** | **n.a** | | ***Please provide any allergy, dietary, medical or other information relevant*** | |
| **Note Hypodermic medication cannot be administered by Club officials** | |
| **Participation by Members** | Willing to train? **YES**  Willing to play matches? **YES** | | ***Other Activities may include receiving basketball related training, coaching younger players, refereeing friendly matches, assisting with matches, etc. appropriate to age and experience.*** | |
| **Contact Details**  (By supplying these details, you confirm you have authority to permit the use and onward transmission of these details by the club. The club may add the details provided to email services or messaging services such as Gmail, Yahoo, WhatsApp, Viber, Teamer or such other messaging service as the club may utilise from time to time for the purposes of supplying Basketball, Club or such other information as the Club may think appropriate. You confirm you will join any such group and will continue to remain a member of any such group for the duration of the member’s participation in club affairs). You must inform the club of any changes to this number | | | | |
| **Primary Mobile Number** | **0879594899** | | **Sheila O'Regan** | |
| **Secondary Mobile Number** | **0871270472** | | **Ollie O'Regan** | |
| ***An alternative number must be provided for a responsible adult. For adult players this should be an emergency contact.*** | |

|  |  |  |
| --- | --- | --- |
| **Parental / Guardian Membership**  (***Where a player is 18 or younger, at least one parent/guardian from each family must be designated to become a Committee Member, Coach or Volunteer member of the club and make themselves available to assist with club activities.)***  ***You must sign this form.*** | | |
| **Name** | **Sheila O'Regan** | **Date of Birth 1970-12-04** |
| **Address** | **Seefin, Broomfield East,  Midleton** | ***You must inform the club of any change of address*** |
| **Mobile Number** | **0879594899** | ***You must inform the club of any changes to this number*** |
| **Confirmation** | Volunteer Member (including team parent co-ordinator) YES | |