

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

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| **Player Member Details** | | | | |
| **Name & Gender** |  | **GENDER** | **Date of Birth** |  |
| **Address**  **(incl. Eircode)** |  | | **Role** |  |
| **You must inform the club of any change of address** | |
| **Email in BLOCK CAPITALS** |  | | ***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** |  | | ***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?  Willing to play matches? | | ***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** |  | |  | |
| **Secondary Mobile Number** |  | |  | |
| ***An alternative number must be provided for a responsible adult. For adult players this should be an emergency contact.*** | |

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| **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** |  | **Date of Birth** |
| **Address** |  | ***You must inform the club of any change of address*** |
| **Mobile Number** |  | ***You must inform the club of any changes to this number*** |
| **Confirmation** | Volunteer Member (including team parent co-ordinator) YES | |

IN ACCORDANCE WITH CHILD PROTECTION POLICIES, IF THE MEMBER IS UNDER 18 YEARS OF AGE (UNDERAGE PLAYER), AN ALTERNATIVE ADULT’S CONTACT DETAILS MUST BE PROVIDED.

NO DIRECT CONTACT DETAILS FOR THE UNDERAGE PLAYER CAN BE PROVIDED TO THE CLUB OR DIRECTLY TO ANY ADULT IN THEIR ROLE WITHIN THE CLUB.

**ANY BREACH OF THIS RULE WILL RESULT IN ALL PERSONS NOTED ON THIS FORM; PARENTS & GUARDIANS OF THE UNDERAGE PLAYER AND THE UNDERAGE PLAYER BEING EXPELLED FROM THE CLUB.**

DATA PROTECTION

It is necessary for the club to collect and record personal data relating to each member. This information shall only be used for the administration of the club’s teams and affairs. The club does not open, maintain or administer any records on Social Media sites. Any such site is personal to the players and their associates or their parents. You acknowledge that the club may provide this information to relevant basketball boards for registration, management and control purposes. The relevant board shall control this information. Any party receiving the information shall not use it for commercial purposes or release it to any party without prior approval. You may request in writing a copy of your personal data held and have amended any personal data which is incorrect, incomplete or misleading. Your consent is acknowledged by your signature(s) hereunder.

By signing and submitting this declaration form, you consent to the information heron being retained and used for any health protection purpose as may be required, that it may be stored in physical or electronic form and any such electronic form may be located at such location as may be dictated by the provider of such service.

CHILD PROTECTION

All child protection concerns of abuse or neglect should be communicated directly to the club’s designated contact person. However, any individual has the right & moral duty to contact Social Services or An Gardai directly if they have concern about a child’s welfare.

Membership Subscription 2025–2026

To maintain active participation in any club activity for the upcoming season, all outstanding fees from previous years must be settled in full.

Membership payments must be made via the ClubZap mobile app, either as a one-time payment or in instalments, unless alternative arrangements are approved by the Club Committee. Cash payments are no longer accepted.

Fee Structure:

- U10 Academy (Boys & Girls):

€180 Membership Fee + €20 Registration Fee

- U12 to Senior Teams (Boys & Girls):

€300 Membership Fee + €20 Registration Fee

- Monthly Subscription Fee:

€10/month from September to May

Membership registration opens in August 2025.

Club Roles & Parent Support

Each team is required to nominate a set of administrative roles for the season (e.g. Team Coordinator, Volunteer Helper) to assist with operations.

We kindly encourage one parent or guardian per family to volunteer once per season to support their child’s team during home matches. This may include:

- Collecting entrance fees at the door

- Assisting with scoresheets or the scoreboard

Your contribution helps keep our club running smoothly and builds a stronger Falcons community.

By signing this form, I confirm

* I have read this form including the sections titled “What you can expect”, “What is expected of players” and “What is expected of parents and players playing u18 or older” on pages 3 and 4 of this form.
* I will abide by the rules of the club, Cork Basketball Boards and Basketball Ireland.
* I have noted the rules governing social media and mobile phones at venues.
* I accept my responsibilities to the club and my (/my child’s) team.
* All membership payments shall be made via a club appointed online payment platform unless specifically agreed otherwise.
* Both the primary and secondary mobile number owners have consented to being included in a WhatsApp group(s) (or other social media group) dedicated to the player’s team(s).

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|  | **Signature** | **Print Name** | **Date** |
| ***Member*** |  |  |  |
| ***Parent/Guardian*** |  |  |  |
| ***Parental / Guardian Member*** |  |  |  |

**Received on behalf of Midleton Basketball Club by**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_