

# Application Form For New Junior Members (Under 18 yrs)

## Contact Information

Name \_\_\_\_\_ Gender (Tick) Male:  Female:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Parent/Guardian Contact Information:

Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

## Medical History Info of Child (details of any known allergies, conditions etc)

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**Other Information:** Are there any other needs, steps to be taken if an incidence of a known condition occurs while in our care, requirements or directions that would be helpful for leaders to know about?

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## Parental/Guardian Consent

I am the Parent/Guardian of: \_\_\_\_\_

**Photographs:** I understand that suitable team/action photographs will be taken during or at sport related events and may be used in the promotion of sport or as a legitimate training tool

**Drug Testing**(for National & International Competition Only): I give permission for my child to be tested for prohibited substances in accordance with the Irish Sports Council Anti Doping Rules (where applicable)

**In the event of illness:** having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Declaration:** I agree to the above conditions and consent to the above child

participating in activities of the organisation in line with the Basketball Ireland Code of Ethics for Children's Sport. I will inform the leaders of my children's activities of any changes to the information above.

I confirm that all details are correct and that I am able to give parental/guardian consent for my child to participate in and travel to all activities. I understand that it is my responsibility to ensure that my child(ren) travel safely to & from the venues for all events and matches.

Parent/Guardian Name  
(BLOCK CAPITALS):

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Signature:

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Date:

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