



Butlersbridge GAA Juveniles



Player Registration Form – NO COST

A separate form should be completed for each child.

PLAYER DETAILS

Name of Child: _____

Date of Birth: / / Male Female
DD/MM/YYYY

School: _____

PARENT/GUARDIAN DETAILS

Parent/Guardian Name(s): _____

Address: _____

Email Address: _____

Mobile Number:
(You will receive information about training/games by text to this number.) _____

2nd Contact Number:
(for use in case of emergency.) _____

Please state any condition of the above named child that might affect his/her playing (e.g. epilepsy, asthma, diabetes, previous injuries, etc.)

From time to time pictures may be used for the promotion of Butlersbridge GAA club. If you prefer that we did *not* use your child's picture in such promotions tick NO in the space below.

NO

We are always looking out for parents to get more involved in helping with the running of the club on behalf of the young children living in our local community (e.g. helping out coaching from time to time, helping organise events, administration etc.) If interested in helping out in some small way tick YES in the space below.

YES

Thank you.

Your details will be added to the club text system and your child will receive our Code of Behaviour.