



HERTS BASKETBALL COUNTY TRAILS

PLEASE WRITE ALL DETAILS CLEARLY

Player's Name:

Parent / Guardian Name:

Address:

Post Code:

Emergency Contact Number:

Parents / Guardian Name Email Address:

Player's Date of Birth:

School:

School Year:

Basketball Club:

Medical Conditions / Injuries:

By completing the information above, I agree to my child taking part in Hertfordshire Inter County Basketball Trial and Training Sessions.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I give permission for my child to have their photograph/video taken for marketing or publicity purposes. Any photographs taken will be used solely to promote Hertfordshire Inter County Basketball Trials, Training Sessions and Tournament.

Please Note

- Any players born in 1999 or before are too old to take part.
- Players have to be u17 on the 1st January 2017, anyone born in 1999 would not meet that criteria so will not be able to take part.
- If a player's 17th birthday is on 1st January 2017 (born 1.1.2000) they can take part.

Signature of Parent/Guardian:

Print Name:

Date:
