



**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: \_\_\_\_\_

British Passport: Yes / No

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 2002 or before are too old to take part.
- Players have to be u15 on the 1st January 2018, anyone born in 2002 would not meet that criteria so will not be able to take part.
- If a players 15th birthday is on 1st January 2018 (born 1.1.2002) they can take part.

Signature of Parent/Guardian: \_\_\_\_\_

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