

(SFAI) CORK SCHOOLBOYS LEAGUE - INDIVIDUAL REGISTRATION FORM

Name of Club _____ BLARNEY UNITED

Hon. Secretary _____ Don Walshe

Send to Peter Connolly

Age Group _____ **Season** _____

Address _____ 1 Ard Dara Drive, Blarney

234 Cathedral Road

_____ Tel: 087-3848717

Gurranabraher

PLAYERS SURNAME, FIRST NAME(S) AND ADDRESS IN CAPITAL LETTERS

SURNAME

FIRST NAME(S)

ADDRESS

DATE OF BIRTH

PLAYERS SIGNATURE (Notes 2 and 3)

PARENTS SIGNATURE (Notes 2 and 3)

CLUB HON. SEC. SIGNATURE (Note 1)

CSL HON. REGISTRAR SIGNATURE

DATE RECEIVED BY HON. REGISTRAR

Note 1 - I confirm that I have verified the date of birth of the above player being registered, and I confirm that he will be covered by the club's Public Liability insurance.

Note 2 - In consideration of the registration above, we (player) and (parent) hereby indemnify Cork Schoolboys League, it's officers, trustees and committee against any claim, actions, costs and expenses arising from any accident how so ever arising consequent on the participation of (player) in the Cork Schoolboys League.

Note 3 - I (parent) hereby irrevocably consent to the participation of (player) in the Cork Schoolboys League. I (player) hereby agree to comply with the laws of the game and the rules and regulations for the time being in force as laid down by the Cork Schoolboys League. We (player) and (parent) hereby confirm that we have read and fully understand the above conditions.