



Craigavon Cowboys American Football Club

Under 18 Registration Form

ATHLETE (U18) DETAILS	
NAME	
DATE OF BIRTH	
ADDRESS	
POSTCODE	
PREVIOUS/CURRENT MEDICAL CONDITIONS	
PHONE NUMBER FOR TEAM WHATSAPP	
EMERGENCY CONTACT DETAILS	
NAME	
CONTACT NUMBER	
DECLARATION	
<p>I confirm that the athlete stated above is medically fit to play American Football/Flag Football and that the Craigavon Cowboys American Football Club are not liable for any injuries the athlete may incur. If, at the judgement of any representative of the Craigavon Cowboys American Football Club, the athlete stated above should need immediate medical treatment as a result of injury or sickness, I hereby consent to such care and treatment to be given to said athlete by a first aid trained member of the Craigavon Cowboys American Football Club.</p>	
Parent/Guardian Signature:	
Date Signed:	



Craigavon Cowboys & American Football Ireland Photo/Video Consent Form (Under 18s)

NAME OF CHILD/CHILDREN	
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By signing below, I hereby consent that photos/videos taken at Craigavon Cowboys American Football Club/American Football Ireland organised training sessions or Craigavon Cowboys American Football Club/American Football Ireland organised matches of the child/children named above may be used by Craigavon Cowboys American Football Club and American Football Ireland on their websites/social media.

Relationship to Child/Children:

Parent/Guardian Signature:

Date Signed: