



**Garryowen FC – Underage Club Membership Form  
Season 2016-17**

<b>Parent/Guardian 1</b>		<b>Parent/Guardian 2</b>	
<b>Mobile / Contact 1</b> (for texts from coaches)		<b>Mobile /Contact 2</b>	
<b>Home Address:</b>			
<b>Email</b>		<b>Email</b>	
<b>Willing to help</b> (please circle)	Yes      No	<b>Willing to help</b> (please circle)	Yes      No

Player	Name	Date of Birth	Age Group for 2016-2017	Any medical or behavioural conditions we should know about?
1				
2				
3				
4				
5				

<b>Membership Subscription</b>	<p><b>Family Membership</b> (2 adults &amp; all underage players) €180 <input type="checkbox"/></p> <p>(includes mandatory purchase of 2 x Your Country Your Club draw tickets)</p> <p><b>Single Underage Player</b> €100 <input type="checkbox"/></p> <p>(includes mandatory purchase of 2 x Your Country Your Club draw tickets)</p> <p>Please circle relevant method of payment:    Cash   /   Cheque   /   On-Line</p> <p>On-line payment ref: _____</p>
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**PARENTAL CONSENT**

I am the parent of \_\_\_\_\_

I hereby consent to the above Age-Grade Player participating in activities of Garryowen FC in line with the IRFU's Safeguarding Policy (copy can be downloaded at <http://www.irishrugby.ie/playingthegame/development/safeguarding> )

I will inform the club of any changes to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

**PARENTAL CONSENT *continued***

I am happy for me and my child/children to receive appropriate information/communication through text, email and social media.

I have been given a copy of and agree to abide by the Parents Code of Conduct contained within the aforementioned Safeguarding Policy. I have been given a copy of the Age-Grade Player's Code of Conduct and discussed it with my child/children. I will endeavour that they should abide by it at all times.

I understand that photographs/videos will be taken during or at rugby related events and may be used in the promotion of the game, including social media.

I am happy for the club to make appropriate travel arrangements for my child.

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal age-grade coaching, matches and competitions.

If selected on representative teams I am satisfied that my child will comply with IRFU and Irish Sports Council (ISC) anti-doping procedures and that the Union/Branch will receive all relevant information contained on this form.

In the event of illness/injury, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or by suitable qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment I authorise a qualified medical practitioner to provide emergency treatment or medication. All treatment costs, including A&E, are the responsibility of the parent/carer.

Please note that Garryowen FC will not disseminate any personal information to a third party.

<b>Signature:</b> _____		<b>Date</b> _____
<b>Print Name:</b> _____		
<b>Received by:</b>	<b>Amount Received:</b>	<b>Receipt Date:</b>