



**Garryowen FC – Underage Club Membership Form
Season 2017-18**

Parent/Guardian Contact Details

Parent/ Guardian 1		Parent/ Guardian 2	
Mobile/ Contact 1		Mobile/ Contact 2	
Home Address			
Email		Email	
Willing to help? (please circle)	Yes	No	Willing to help? Please circle
			Yes
			No

Player Details

Player No	Name	Date of Birth	Age Group Season 2017- 18	Any Medical or behavioural conditions?
1				
2				
3				
4				

Membership Subscription

Category	Annual Sub.	Tick as appropriate
Family Membership (2 Adults & up to 4 underage players who are U18).	€180	
Single Underage Player *Includes mandatory purchase of 2 x Your Country Your Club draw tickets	€100	

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 to my child to participate in and travel to all activities.

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 agreed to abide by the Parents Code of Conduct contained within the aforementioned, Safeguarding Policy. I have been given a copy of the Age-Grade Players 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 any 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.

Signature	
Print Name	
Date	
Received by	
Amount Received	
Receipt Date	