

Ratoath RFC



Season: _____

Name: _____

LBIRFU ID: _____

D.O.B.: _____

School: _____

(If playing member)

Address: _____

Telephone - Home: _____ Mobile: _____

Email: _____

(The mobile number and email address will be used to contact members about Club activities, matches, training, etc. If the member is under the age of 18, the mobile number and email address given must be that of a parent/guardian)

Any medical conditions of which the Club should be aware? _____

Membership Type: Adult Rugby Youth/Mini Rugby Mini Tag
Adult Tag Pavilion

Please indicate if this membership is part of a family membership Yes / No

Subs paid for season: _____ Payment Type: _____ Copy

Birth Certificate Received: 2 Passport Photos Received:

Declaration in respect of players under the age of 18

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where necessary by a nominated first-aider or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. I understand that photographs and video recordings may be taken during or at sport or Club-related events and may be used in the promotion of sport or the Club. I will make sure that my child is brought to and collected from Club activities in a timely fashion. I confirm that the details on this form are correct and I will notify the Club of any changes. I consent to my child playing rugby and participating in and travelling to all activities.

Signed: _____ Parent/Guardian Date: _____

I confirm that I have read and will abide by the Club's Code of Practice

Signed - Parent/Guardian: _____ Player: _____

Declaration in respect of Adult Members

I confirm that I have read and will abide by the Club's Code of Practice. I understand that photographs and video recordings may be taken during or at sport or Club-related events and may be used in the promotion of sport or the Club. I confirm that the details on this form are correct and I will notify the Club of any changes.

Signed: _____

Date: _____