

IRISH RUGBY FOOTBALL UNION Youth/Adult Player Registration Form PLEASE USE BLOCK CAPITALS ONLY

Please return completed form with a copy of your Birth Certificate to your club Coach/Youth Officer (if you are under 18).

Club name	Season	First Name	Surna	me	
Maiden Name					
GENDER F 🗆 M 🗆 School Attend	Previou	s Club			
Home address					
Nationality	Country of Origin _				
Telephone Home	Mobile	Email			
Next of Kin/Guardian: Name		Contact T	el No		
Signed(Player):	Pr	int Player Name:			
I,	, confirm the above i	information is correct	and that the ab	ove na	amed player has
permission to participate in rugh	by activities for the abo	ove named club.			
Signed (Parent/Guardian):		Date			
Signed (Youth Co-Ordinator):		Dated:			
Data Protection					
It is necessary for		("the Club")	to collect and re	ecord (certain personal
data relating to each member, i		• •			
data about each member shall l					
any services provided relating	-			-	
published on the Website. It	• ·			•	•
management and administration		• •	•		
commercial purposes or release				511011	
The Club wishes to ensure that			annlicable data	nroter	tion legislation)
explicitly and unambiguously co			••	•	
ordinary business. Therefore, th			-	-	
\Box I consent to the use of the pla		-		-	
considers reasonable and appro			• •	105 05 1	
Each member has the right to re			•		which is hold and
have amended any personal dat				IVES W	Then is held and
nave amenueu any personal uat			нь.		
Signed(Parent/Guardian):		Date:			
Print Name(Parent/Guardian): _					
Club Use only	IR	FU ID No			
Copy of Birth Cert 🗆	Signed Photos 🗆				

Clubs are to return completed forms with the applicable fee to the Branch.