

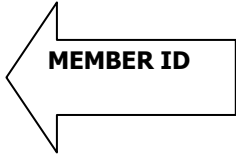
MINI & YOUTH RUGBY – RENEWAL OF MEMBERSHIP - CONSENT FORM

1) **Nominated Parent’s Name**.....

❖ **Child’s Name**.....

❖ **Child’s Name**.....

❖ **Child’s Name**.....



Medical & Behavioural Information:

Please include any information that might be relevant in dealing with your child in a safe manner.

Allergies:

Medication:

Special Needs:

DECLARATION:

I hereby apply to renew my membership of Old Wesley RFC. By signing, I and the people named in this application agree to be bound by the rules of Old Wesley RFC and the Code of Ethics of Youth & Mini Rugby, where applicable, [see - www.oldwesley.ie](http://www.oldwesley.ie) and www.irishrugby.ie I understand that my information will be used to provide me with updates regarding Club activities such as Matches, Meetings and Club Events.

I understand that my information will be used to provide me with details of Club fundraising activities including the Club Draw, IRFU My Country My Club, Social occasions and Ticket sales. I understand the personal data on this form will be used by the Club and the IRFU for the contractual purpose of registering and maintaining our Membership. I understand that the Personal Data will be retained by the Club and the IRFU for such period as our Membership subsists. I consent to the above child [ren] participating in activities of the Club in line with the IRFU’s Safeguarding Statement.

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 [ren] to participate in and travel to all activities. I understand that our personal data will be used for administrative purposes to maintain our membership including Club and Team administration, Club Registrations, Team sheets, Disciplinary matters, Injury Reports, Transfers etc. 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 channels or on the Club website.

I confirm that I am happy with the travel arrangements the Club may arrange for my child [ren]. I acknowledge that the Club is not responsible for providing adult supervision for my child [ren] except for formal age-grade coaching, matches and competitions. I have read, understood and agree to abide by the rules of Old Wesley RFC and the Code of Conduct for Parents and Playing Members. I understand that I can withdraw my consent at any time by writing to the Club. I confirm that I understand my rights under the General Data Protection Regulation – European Regulation effective from 25th May 2018.

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by the nominated first aider or by a suitably qualified medical practitioner. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Signed: _____ **Date:** _____