

ADULT APPLICANTS DETAILS:

SURNAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

The person named above will be considered as Adult 1 and will be the contact person for all matters related to the family membership application and will hold the right to vote at AGMs and EGMs.

SPOUSE/PARTNER FAMILY MEMBER: NAME: _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

PLAYER DETAILS:

NAME _____

DATE OF BIRTH _____

SCHOOL ATTENDING _____

NAME OF PREVIOUS CLUB (IF APPLICABLE) _____

MEDICAL CONDITIONS/ALLERGIES

NAME _____

DATE OF BIRTH _____

SCHOOL ATTENDING: _____

MEDICAL CONDITIONS/ALLERGIES

MEMBERSHIP FEES:

**2 Adults and 1 Playing
Member either Mini or Youth**

€210

**2 Adults and 2 Playing
Members either Mini or
Youth**

€275

**2 Adults and 3+ Playing
Members either Mini or
Youth**

€310

Teams 2021 2022

U6/7 Born 2015/2016

U8 Born 2014

U9 Born 2013

U10 Born 2012

U11 Born 2011

U12 Born 2010

U13 Born 2009

U14 Born 2008

U15 Born 2007

U18 Born 2004

Please sign declaration over page 

DECLARATION

I hereby apply to become a member 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 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.

OFFICE USE ONLY:	
Proposer:	_____
Secunder:	_____
FEE RECEIVED	Y / N
Youth / Mini details updated:	Y / N
Membership System updated:	Y / N

SIGNATURE: _____

Print Name: _____

DATE _____