

**KRFC - IRFU** **Registration Form 2014/15**

This registration form should be completed by/on behalf of new participants, who have previously not been registered with Killarney RFC. This must be completed in addition to the online membership form, which can be found at [www.krfc.club](http://www.krfc.club)

**Section A - Contact Details:** (please print)

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date Of Birth:\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B - Medical:** (please print)

Please list any relevant medical conditions, medication being taken or known allergies for player listed above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None □ Please tick box if not relevant, do not leave blank.

**Section C – Parental Consent:**

I hereby consent to the above child participating in activities of the club in line with the IRFU’s Safeguarding Statement. I will inform the registrar of any changes to the information above. I confirm that all details are correct. I am able to give parental consent for my child to participate in and travel to all activities. I am happy to receive appropriate information/communication through text and email. I understand that photographs/videos will be taken during training or at rugby related events and may be used in the promotion of the game, including social media. If selected for teams, I confirm I am happy with the travel arrangements the club may arrange 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.I confirm that I consent to my above named child’s application for Membership of Killarney Rugby Football Club. I confirm that the above named has committed to uphold the rules of Killarney Rugby Football Club. I further authorize the officers and mentors of Killarney Rugby Football Club to administer any necessary medical treatment to the above named child in the event of an emergency.

*Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BLOCK CAPITALS PLEASE)*

*Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_*

**Section D – Proof of age:**

□ Copy of Passport/Birth Cert attached?

Please return completed form to the Liaison Officer or your child’s coach, Killarney Rugby Football Club.

**Official Use Only:**

Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB Confirmation:  **□** Yes □ No

IRFU Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Myclubfinances No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registrar Killarney RFC