

**KRFC - IRFU** **Registration Form 2016/17 (Minis)**

This registration form must be completed on behalf of all minis players each season and must be completed in addition to the KRFC online membership form, which can be found at [www.krfc.club/membership](http://www.krfc.club/membership) Players who have not been previously registered with KRFC must provide a copy of a birth cert or passport for proof of age purposes. Once completed, please return to your coach or Minis Coordinator. One form to be completed per player. For any queries contact KRFC Minis Coordinator Liam Murphy on 087/4145662.

**Section A – Players 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 and Killarney Rugby Club’s Safeguarding Statement. I will inform the Minis Coordinator 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 approperate photographs/videos 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 Killarney Rugby Football Club’s rules and code of conduct for age-grade playes. I further authorize for 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 (New players only):**

□ Copy of Passport/Birth Cert attached?

**Age Groups 2016/2017:**

Group: Year Born:

U12 2005

U11 2006

U10 2007

U9 2008

U8 2009

U7 2010

**KRFC Official Use Only:**

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

DOB Confirmation:  **□** Yes □ No

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

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

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

On behalf of Killarney RFC