

Old Crescent RFC

Under-Age Registration Form 2009/10



Player Name	IRFU Reg No.	
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Address _____ _____ _____ _____ _____	D.O.B. _____ School _____
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Home Tel. _____	Age Group _____
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Medical Conditions or Allergies (if applicable)

Parent / Guidian Details

Name _____	Mobile _____
Email _____	Mobile _____

We wish to provide the following emergency contact name and number in the event that the above named cannot be reached	Name _____ Phone No. _____
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In the event that the above named child is injured while playing or travelling to and from rugby events and I/we or the individual given as the emergency contact, cannot be contacted, I hereby give my consent for my child to receive medical attention.

Name	Signed	Date
_____	_____	_____

IFRU REGISTRATION: The IRFU introduced a web based registration system on which all players have to be registered. In addition they wish to verify each player details and issue player identity cards. In order to do this we need two passport photographs and a birth certificate or copy of a valid passport. We also require consent, under the Data Protection Act, that information on this form (name, address, dob, contact names & numbers, school) can be retained by the IRFU on the IRFU Player Database.

Name	Signed	Date
_____	_____	_____

We agree to be bound by and observe the Rules and Regulations of Old Crescent RFC and of The IRFU and all Competitions in which the club participates

Name	Signed	Date
_____	_____	_____

I am interested in supporting Old Crescent RFC Under Age group coaching or administrative activities all Competitions in which the club participates

Yes	No

Subscription:
 €80 for a first child, €60 each for second and all subsequent children to a maximum of €150 per family.

Office use	Fee Paid <input style="width: 50px;" type="text"/>	Player IRFU No. <input style="width: 150px;" type="text"/>	
	Copy of Birth Cert <input style="width: 50px;" type="text"/>	Passport Type Pictures (x2) <input style="width: 50px;" type="text"/>	