



# Oughterard Rugby Football Club

## REGISTRATION FORM

### PLAYER INFORMATION

Family Name		Family Doctor	
Address		Dr. Contact Details	
Member 1		D.O.B	/ /
Member 2		D.O.B	/ /
Member 3		D.O.B	/ /
Member 4		D.O.B	/ /

### PARENT(S) / GUARDIAN(S) INFORMATION

Contact 1 Name		Contact 2 Name	
Mobile		Mobile	
Email		Email	
Do you use WhatsApp?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WhatsApp?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Note – ORFC uses WhatsApp for the majority of our communication re: fixtures, etc. please tick if you wish to be included on the distribution list  Yes  No)

### PARENTAL ASSISTANCE

ORFC relies on volunteers to ensure that we can deliver a class leading rugby structure in accordance with IRFU guidelines. We would ask that at least one parent considers giving a few hours to the club and considers ticking at least two of the boxes below:

COACHING <input type="checkbox"/>	WEBSITE / IT <input type="checkbox"/>	FACILITIES MAINTENANCE <input type="checkbox"/>
COMMITTEE/sub cm <input type="checkbox"/>	EVENT COORDINATING <input type="checkbox"/>	FIRST AID <input type="checkbox"/>
FUNDRAISING <input type="checkbox"/>	CATERING <input type="checkbox"/>	COACH/ASST for LEPS/GIRLS <input type="checkbox"/>

### MEMBERSHIP CATEGORIES & FEES

Please indicate the membership category applied for:

<input type="checkbox"/> € 65 Single Child	<input type="checkbox"/> €130 Adult
<input type="checkbox"/> € 45 Subsequent Siblings (include number siblings ____)	<input type="checkbox"/> €80 Student
<input type="checkbox"/> € 160 Family	

### ELIGIBILITY

Use of Gum-shields is mandatory for all ages. For Insurance purposes only registered and fully paid members can participate in training sessions & matches. All members of ORFC must be registered and fully paid by Oct 31<sup>st</sup>.

Special payment arrangements can be facilitated if required. Please contact the Club secretary or Club Welfare Officer in strictest confidence

### CONTACTS

Youth Coordinator	Norman Deacy	086 8113766
Mini Coordinator	Adrian O'Neill	086 8281849
Club Welfare Officer	Karen Philpot	087 2443553
Secretary	Niall Walsh	085 8887457

### AGE GROUPS -Mini Rugby Age Groups 2017/18 Season

	<b>U12</b>	<b>U11</b>	<b>U10</b>	<b>U9</b>	<b>U8</b>	<b>U7</b>	<b>LEPS / Girls</b>
Year Born:	2006	2007	2008	2009	2010	2011/12	MIXED AGES



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### PARENTAL & MEDICAL CONSENT

Has your child any Illness / Allergies / previous injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child on medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child carry and know how to administer their medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other conditions ORFC should be aware of, e.g. contact lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child any behavioral or learning difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes to any of the above, please give details below, or discuss with our child welfare officer**

I hereby give my son/daughter permission to join & take part in activities of ORFC – Youth Rugby. The coaches, assistant coaches & general helpers of the club have permission to act in place of the parent. While the players are under their supervision I agree to fully exempt the coaches, assistant coaches & general helpers from any liability for accident &/or injury to my son/daughter while pursuing the activities of the club as a member of the club. In the event of an accident during training or play, I give consent that my son/daughter, in the first instance, may be attended to by his/her team Coach or assistants. In the event of an accident during training or play where medical care becomes necessary, I authorise the Coach in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger my son's/daughter's health or safety. **We have read and will abide by the attached code of conduct for players, parents and supporters.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DATA PROTECTION & CONSENT

It is necessary for ORFC to collect & record certain personal data relating to each member, including the player's name, address, telephone number & date of birth. The data about each member will be used for management & administration purposes only & shall be provided to the IRFU & other third parties to facilitate any services provided by the Club. Any party receiving the information shall not use it for commercial purposes or release it to any party without prior approval. The Club wishes to ensure that each of its members (for the purposes of applicable data protection legislation) explicitly & unambiguously consents to the processing of personal data by the Club in conjunction with its ordinary business. Additionally, ORFC reserves the right to publish match reports & rugby related images including photographs & film of each member on the ORFC website, in club publications & in local or national print or electronic media. I consent to the use of the personal details as set out above for such purposes as the Club considers reasonable & appropriate.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TEAR HERE

(Club use only )

TEAR HERE

### ORFC PAYMENT RECEIPT

Received From: \_\_\_\_\_

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Payment:  Cash  Cheque (payable to ORFC)

*Thank you!*