



# Juvenile Membership Application Form

## Player Details

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Parent/Guardian Name(s): \_\_\_\_\_

## Contact Information

Home Address:

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Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Medical Information

Please provide details of any known or recent injuries, allergies, conditions, or medications.

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## Other Information

Any other special needs, requirements, or directions that would be helpful for coaches to know about:

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## Parental/Guardian Consent

I am the Parent/Guardian of: \_\_\_\_\_

In the event of illness, I give permission for medical treatment to be administered where considered necessary by a nominated first aide, or suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Photographs: I understand that photographs may be taken during or at club related events and may be used in promotion of the club.

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

**Please tick here if you are interested in hearing more on the Sligo RFC volunteer programme -**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

**Membership Fee:** €75 per applicant or €150 per family (+ €25 per playing juvenile member). If paying by cheque please make cheques payable to Sligo RFC.

Paid: \_\_\_\_\_

NB: Please complete one form for each applicant. Please include a copy of applicant's birth cert and one passport photo.