



Adult player/U19 player Membership Application Form

Player Details

Name: _____ Male/Female: _____

Date of Birth: ____/____/____ (DD/MM/YYYY)

Contact Information

Home Address:

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.

Other Information

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

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

Membership Fee: €70 (Students - €50) + € registration levy per applicant or €150 per family (+ € registration levy per playing U19/Adult playing member). If paying by cheque make cheques payable to Sligo RFC.

Paid: _____

NB: Please complete one form for each applicant. Please include a copy of applicant's birth cert (U19's only) and one passport photo.