



Youth Membership Application Form

Player Details

Name: _____ Male/Female: _____

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

Parent/Guardian Name(s): _____

Contact Information

Home Address:

.....

Home Telephone: _____ Mobile: _____

Email: _____

Emergency Contact Name: _____ Home Tel.: _____ 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:

.....

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 (€50 membership, €20 kit levy, €5 registration levy – (the €5 levy does not apply if you currently hold an IRFU ID card) per applicant or €150 per family (+ €25 per playing youth member for kit and registration levies)). 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 and one passport photo.