



County Carlow Rugby Football Club – Membership Application 2021/22 Season
(MUST BE COMPLETED BY ALL CURRENT MEMBERS AND NEW APPLICANTS)

Applicant's Details: (ALL Categories, including Youth/Mini where Youth/Mini is sole applicant)

Surname: _____ First Name: _____

Address: _____

Membership Category Applied for: _____

Date of Birth: _____ Youth / Mini requirement

Medical Condition/Allergies?* Y / N
_____ Youth / Mini requirement

*Parents are responsible for bringing this and any future changes to our attention. Only Coaches and Team Managers will be made aware of medical conditions.

School Attending: _____ Youth / Mini Requirement

Email Address (PRINT): _____

Contact Numbers: _____ / _____

For **Family Membership**, the person named above will be considered the contact person for all matters related to any family membership.

Other Family Membership Adult Name: _____

Other Youth/Mini Player Details:

1. Name: _____

Date of Birth: _____

School Attending: _____

Medical Condition/Allergies?* Y / N
_____ Youth / Mini requirement

*Parents are responsible for bringing this to our attention. Only Coaches and Team Managers will be made aware of medical conditions.

2. Name: _____

Date of Birth: _____

School Attending: _____

Medical Condition/Allergies?* Y / N
_____ Youth / Mini requirement

MEMBERSHIP SUBSCRIPTION FEES:

Patron : € 150.00

Family Adult + Partner + children U19: €175.00

Player Adult : €100

Player Student full time over 19 : € 75.00

Player Student full time under 19 : € 60.00

Player Youth & Mini (up to U18) : €60.00

Summer Activities : €50.00 (non-Transferrable)

Social : (limited rights) €60.00

New Member First Year : €100.00

Bees €60

Youth Team Age Criteria

U6/7 Born 2014/2015

U8 Born 2013

U9 Born 2012

U10 Born 2011

U11 Born 2010

U12 Born 2009

U13 Born 2008 (PHOTO ID and I R F U Form REQUIRED)

U14 Born 2007

U15 Born 2006

U16 Born 2005

U17 Born 2004

U18 Born 2003

**PLEASE See reverse for
further details AND
SIGNATURES**

3. Name: _____

Date of Birth: _____

School Attending: _____

Medical Condition/Allergies?* Y / N

_____ **Youth / Mini requirement**

DECLARATION: I hereby apply to become a member of County Carlow Football Club. By signing, I, and the people named on this application, agree to be bound by the rules in the Constitution of County Carlow Football Club, and also to be bound by the Code of Ethics of Youth & Mini Rugby, where applicable, found at www.carlowrugby.ie and www.irishrugby.ie. I/We accept all written notifications from the club will be by electronic means. I/We consent to County Carlow Football Club retaining and using the data provided in this form for the administration of the business of the Club. In the case of Youth Mini Membership I also consent to the above child(ren) participating in the activities of the Club in line with the IRFU'S Safeguarding Statement. I will inform the Club of any change to the above information. I confirm that the details I have given are correct and I give parental consent for my child to participate in, and travel to, all Club-organised activities. I am happy for myself/my child to receive appropriate Club information/communication through written, text, email and social media. I understand that photographs/videos will be taken during or at rugby related events and may be used in promotion of the game, including social media if selected for a team. I conform that I am happy with travel arrangements the club may arrange for my child. I acknowledge that the club is not responsible for providing adult supervision for my child except for formal age-grade coaching, matches and competitions. I have read, understood and agree to abide by the rules of County Carlow Football Club and the code of conduct for parents and playing members. I am aware of the I R F U Insurance Cover for Serious Injury available at: (http://www.irishrugby.ie/downloads/IRFU_CompulsoryClubs_ROI_2012.pdf).

I have read & agree to abide by the IRFU code of conduct for players, available at: <http://www.irishrugby.ie/downloads/CodeofConducts.pdf>

I have read & agree to abide by the IRFU COVID 19 guidelines, available at:

<https://www.irishrugby.ie/running-your-club/return-to-rugby-for-clubs/>

For members who wish to pay by EFT see below our Bank details. Please include your family name as a reference on the EFT so we can allocate your payment correctly.

Bank of Ireland Main BIC BOFIE2D IBAN: IE25BOFI 90653111688680

APPLICANT / PARENT SIGNATURE: Required under New GDPR Regulations.

_____ Dated _____

Proposer: _____

Seconder: _____

Please send completed Membership Application / Renewal Form and Subscription to: Michael Carbery, County Carlow Football Club, Oak Park, Carlow. Tel: 087 2210247 Email: subs@carlowrugby.ie

All Completed Forms will be Securely Stored by the Club.

For Office use only:

Subscription Received: Y / N

Youth/Mini details fully supplied: Y / N

Membership System Updated: Y / N

Total amount paid: _____

SIGNATURE : _____