



**Irish Rugby Football Union**  
**Player Registration Form**  
**Youth/Adult**

**PLEASE USE BLOCK CAPITALS ONLY**

Club name ENNISKILLEN RFC Season 2009-10

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Initials \_\_\_\_\_ Date of Birth ( DD/MM/YYYY ) \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER F  M

Home Address \_\_\_\_\_  
\_\_\_\_\_

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

Telephone Work \_\_\_\_\_ Email \_\_\_\_\_

Next of Kin Name \_\_\_\_\_ Telephone \_\_\_\_\_

School Attended \_\_\_\_\_

**PREVIOUS CLUB RECORD**

**If you have previously played with a club, please confirm the following:**

**Club** \_\_\_\_\_

**When did you last play with this club?** \_\_\_\_\_

**DATA PROTECTION**

It is necessary for Enniskillen RFC (“the Club”) to collect and record certain personal data relating to each member, including the member’s name, address, telephone number and date of birth.

The data about each member shall be provided to the IRFU, the relevant Branch and other third parties to facilitate any services provided relating to the Irish Rugby Football Union’s Player Registration programme Website (the “Website”) and published on the Website. It is the IRFU that controls any data provided. They system will be used for management and administration purposes only. 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 and unambiguously consents to the processing of personal data by the Club in conjunction with its ordinary business.

Therefore, the member’s parent or guardian should confirm the following:

I consent to the use of the player’s personal details as set out above and for such purposes as the IRFU considers reasonable and appropriate (including those activities detailed above).

Each member has the right to request in writing a copy of any personal data about themselves which is held and have amended any personal data which is incorrect, incomplete or misleading.

Print Player Name: \_\_\_\_\_

SIGNED (Mini-rugby Convenor) \_\_\_\_\_ Date \_\_\_\_\_

I ..... confirm the above information is correct and that the above named player has permission to participate in rugby activities for the above named club.

SIGNED (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_ 2009

**Club Use Only**

IRFU ID No: \_\_\_\_\_

Δ Copy of Birth Certificate Δ Signed Photos Δ £3/€4 fee to the Branch.  
(U12’s only need photos and birth cert)

**THIS SECTION MUST BE COMPLETED IF THE PLAYER IS 18 OR UNDER**

Please return completed form with £3/€4 a copy of your Birth Certificate and two (2) passport size photographs (signed on reverse side) to your Club Coach/Youth Officer

ENNISKILLEN MINI-RUGBY - CONSENT AND MEDICAL INFORMATION

**Name of Child** \_\_\_\_\_

I consent to my child taking part in trips to away matches, transported by bus, and to take part in matches at home, at Mullaghmeen.

I give permission for my child's Coach, or other responsible adult attached to Enniskillen RFC Mini-Rugby ("The Club") to give immediate, necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the authorities medical opinion, for any delay to be incurred by seeking my personal consent.

I consent to my child's photograph being taken for use by the Club for publicity/promotional purposes and/or to maintain a photographic record of events at the Club. The Club undertakes not to publish the names of children in the photographs used.

I confirm that I have received and read a copy of the Club's Code-of-Conducts (dated September 2009) for both Players and Parents/Guardians/Supporters and confirm that both I and my child will abide by these. Should either of us fail to so do, we accept that my child's membership may be ended with no return of membership fee, by the Club.

Medical Information - If the above named child suffers from any illness, allergy or medical condition which might affect their ability to participate in sporting activities, or requires medication of any description, please given full details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ 2009

Print Name: \_\_\_\_\_