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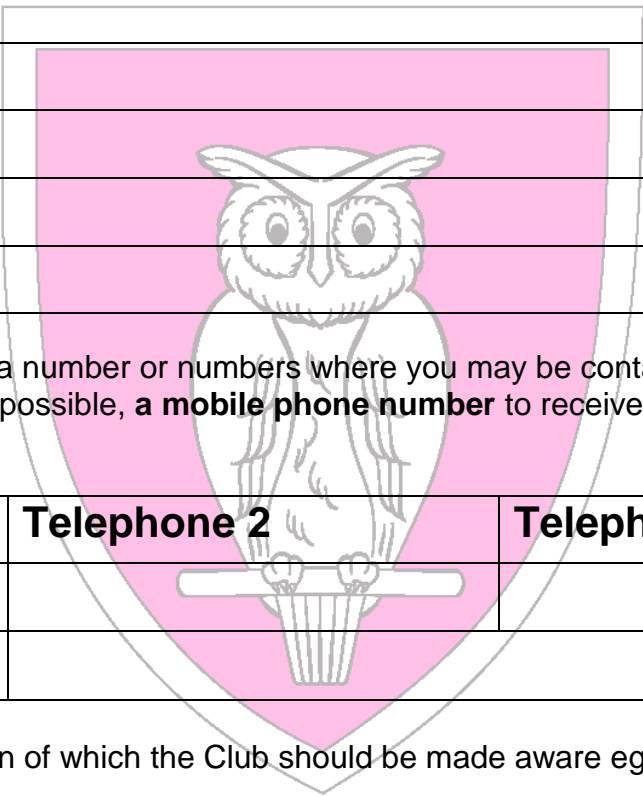
Academy Rugby Football Club

www.academyrfc.co.uk



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Mini/Maxi-Rugby Registration Form 2018/19

IRFU Reg No:			
First Name:			
Surname:			
Date of Birth:		Birth Cert. Received:	
School:			
Class:			
Address 1:			
Address 2:			
Postcode:			

Please ensure that you give a number or numbers where you may be contacted in case of emergency including, where possible, a **mobile phone number** to receive our **text message service**.

Telephone 1	Telephone 2	Telephone 3
e-mail address		

Is there any medical condition of which the Club should be made aware eg. allergies, asthma, skin conditions?

Details of contact telephone numbers/e-mail and medical conditions will be made available to each year group's coaches for use in emergency.

I **agree/do not agree** (please delete as appropriate) to my child's photograph being used on the Academy RFC website and to my child's photograph and name being used in newspaper articles about Academy RFC.

Please Circle if you are interested in helping at Academy RFC Mini Rugby:

Coaching	Sponsorship	Administration	Coffee/Hot dogs	Just getting involved
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DATA PROTECTION

It is necessary for Academy Rugby Football Club (“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. The 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:

(please tick box) 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.

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.

I agree that we will observe the Players & Parents Code of Conduct and enclose a cheque for **£50.00** as a membership fee (cheque payable to Academy R.F.C.). A special family rate of **£30.00** applies for any additional child.

Please print your name in block Capitals: _____

Signed (Parent or Guardian): _____

Date: _____

In order to play for the Club this form must be completed and returned.

Please note that the usual Saturday morning coaching session will be between 9.15am and 10.30am and that your child should be collected promptly.

REGISTERING FOR THE FIRST TIME: PLEASE INCLUDE A PHOTOCOPY OF YOUR CHILDS BIRTH CERTIFICATE WITH THIS FORM

www.academyrffc.co.uk



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