

If this is the first year registering you must attach a copy of Birth Certificate



For Admin Use Only

School Year _____

Membership Type _____

Player only / Family _____

Amount Paid; £ _____

Receipt No: _____

MINI RUGBY SECTION REGISTRATION FORM 2016-17

HAS YOUR CHILD BEEN A PREVIOUS MEMBER? YES/NO

CHILD'S FULL NAME: _____ D.O.B: * _____

ADDRESS: _____ POSTCODE: _____

HOME TEL. NO: _____ *e-mail: _____

**this is our main point of contact, please provide wherever possible!*

SCHOOL ATTENDED: _____ SCHOOL YEAR: _____

EMERGENCY CONTACT DETAILS:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME TEL NO: _____ MOBILE NO: _____

OTHER EMERGENCY CONTACT NAME: _____

ADDRESS: _____

HOME TEL NO: _____ MOBILE NO: _____

FAMILY DOCTOR'S NAME: _____

ADDRESS: _____ TEL NO: _____

HEALTH INFORMATION

Has your child been prescribed any regular medication (including inhalers?) YES/NO

Does your child have any specific health conditions, dietary conditions or allergies? YES/NO
If yes, please tick the relevant box:

Asthma Bee Sting Allergy Deafness Diabetes Epilepsy Nut Allergy

Heart Problems Wears glasses Other allergies

Please give any relevant details below:

***PLEASE NOTE, ALL INFORMATION GIVEN IS STRICTLY CONFIDENTIAL AND ON A NEED-TO-KNOW BASIS ONLY.**

PARENT DECLARATION:

I GIVE PERMISSION FOR MY CHILD: _____ TO TAKE PART IN SUPERVISED TRAINING AND MATCHES ORGANISED BY COLERAINE RUGBY FOOTBALL CLUB.

I AM FULLY AWARE THAT RUGBY IS A CONTACT SPORT

I AGREE THAT I WILL REMAIN WITH MY CHILD UNTIL THE SESSION HAS COMMENCED AND WILL BE AVAILABLE TO COLLECT MY CHILD PROMPTLY AT THE END OF THE SESSION. (For younger children who would require assistance with toileting etc we request that someone stays for the entire session)

I GIVE PERMISSION FOR THE TEAM MANAGER 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 SON/DAUGHTER'S INTEREST, IN THE DOCTOR'S MEDICAL OPINION, FOR ANY DELAY TO BE INCURRED BY SEEKING MY PERSONAL CONSENT.

MY CHILD AND I HAVE READ, AND AGREE TO COMPLY WITH THE CLUB'S CODE OF CONDUCT, WHICH IS AVAILABLE ON THE CLUB'S WEBSITE: www.colerainemini rugby.com

I AM AWARE THAT DURING THE YEAR, MY CHILD WILL HAVE AWAY MATCHES. I ACKNOWLEDGE THAT IT IS **MY** RESPONSIBILITY TO ARRANGE TRANSPORT TO AND FROM MATCHES/EVENTS FOR MY OWN CHILD. **THE CLUB WILL NOT ALWAYS BE ARRANGING TRANSPORT.**

I ACKNOWLEDGE THAT ACCORDING TO CLUB GUIDELINES, I WILL PROVIDE A GUM SHIELD AND HEAD GEAR FOR MY CHILD'S PROTECTION. ****PLEASE NOTE, CHILDREN WILL NOT BE PERMITTED TO TAKE PART IN TRAINING ACTIVITIES/MATCHES WITHOUT WEARING BOTH GUM SHIELDS AND HEAR GEAR****

I ACKNOWLEDGE THAT MY CHILD WILL BE DRESSED APPROPRIATELY IN WARM CLOTHES DURING WINTER TRAINING AND WILL WEAR THE CORRECT COLERAINE MINI RUGBY KIT DURING ALL MATCHES.

Signed: _____ Parent/Guardian Date: _____

USE OF IMAGES: (photographs, videos etc) CONSENT FORM FOR PARENTS & CHILDREN.

Coleraine Rugby Club recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians/carers and children. Coleraine Rugby Club will follow the guidance for the use of photographs set out below which is recommended by the Child Protection in Sports Unit (www.the cpsu.org.uk)

Avoid using children's names (first name or surname) in photograph captions. So if the child is named, avoid using his or her photograph. If the photograph is used, avoid naming the child.

Use a parental permission form to request and record parental permission to use an image of their person. This ensures that parents know that an image of their child is being used to represent the sport. Ask for children's permission to use their image. This ensures that they are aware of the way their image is being used to represent the sport.

Only use images of children in suitable dress to reduce the risk of inappropriate use. Images should focus on the overall activity, not on a particular child. The age of children is another factor to be considered when deciding what is appropriate. Create a recognised procedure for reporting the use of inappropriate images to help reduce the risks to athletes.

Coleraine Rugby Club will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Coleraine Rugby Club immediately. Coleraine Rugby Club would use appropriate images primarily for inclusion on its website and/or for publication in the local Coleraine Press.

Parent/Guardian/Carer consent:

I _____ (print parent/carers name) consent to Coleraine Rugby Club

Photographing or videoing: _____ (print child name).

PARENT/CARER SIGNATURE _____ Date: _____

(RETURN COMPLETED FORMS TO ANY MINI RUGBY COACH OR MEMBERSHIP SECRETARY, COLERAINE MINI RUGBY)



COLERAINE MINI RUGBY

CONTRIBUTIONS – 2016/2017 SEASON

YOU CAN CHOOSE FROM:

OPTION 1: SINGLE PLAYER JUNIOR MEMBERSHIP, (THIS ENTITLES **ONE** CHILD UNDER 18 YEARS ON THE PRECEEDING 31th AUGUST, TO USE ALL FACILITIES PROVIDED BY THE CLUB AND AFFILIATION TO THE ULSTER BRANCH,

OPTION 2: FAMILY MEMBERSHIP, (THIS ENTITLES PARENTS TO ONE MEMBERSHIP AS PAVILLION MEMBER, ONE MEMBER AS HOUSE MEMBER AND ALL CHILDREN UNDER 16 YEARS ON THE PRECEEDING 31h AUGUST 2015 AS JUNIOR MEMBERS. This effectively entitles the whole family to use all the facilities of the club including the bar and functions.

***PLEASE COMPLETE THE RELEVANT SECTION BELOW (ONLY 1 SECTION TO BE COMPLETED): PLEASE NOTE PAYMENT BY CHEQUE IS PREFERABLE, CHEQUES MADE PAYABLE TO: "COLERAINE R.F. & C.C."**

OPTION 1:
SINGLE CHILD MEMBERSHIP £40 +£35 = £75.00
(This includes mini section voluntary contribution)

CHILD'S NAME: _____ D.O.B. _____

ADDRESS: _____ POSTCODE: _____

TEL NO: _____ MOBILE NO: _____

OPTION 2:
FAMILY MEMBERSHIP £72.00
MINI SECTION CONTRIBUTION £35.00 Per child reg. (voluntary contribution)
SUB TOTAL

FAMILY MEMBERSHIP WITH ONE CHILD (VOLUNTARY CONTRIBUTION)	= £107.00
FAMILY MEMBERSHIP WITH TWO CHILDREN (VOLUNTARY CONTRIBUTION)	= £142.00
FAMILY MEMBERSHIP WITH THREE CHILDREN (VOLUNTARY CONTRIBUTION)	= £177.00

CHILD'S NAME (1): _____ D.O.B. _____

CHILD'S NAME (2) _____ D.O.B. _____

CHILD'S NAME (3) _____ D.O.B. _____

ADDRESS: _____ POSTCODE: _____

TEL NO: _____ MOBILE NO: _____

PLEASE LIST ALL OTHER FAMILY MEMBERS TO BE INCLUDED IN MEMBERSHIP BELOW:

1. _____ (Pavilion Adult membership)
2. _____ (House Adult membership)
3. _____ DOB _____ (Junior Membership)
4. _____ DOB _____ (Junior Membership)
5. _____

FOR ADMINISTRATION USE ONLY – PLEASE LEAVE BLANK

TOTAL AMOUNT PAID: £ _____ PAYMENT METHOD: CASH
CHEQUE

DATE PAID: _____ RECEIPT NO: _____



IRISH RUGBY FOOTBALL UNION Youth/Adult Player Registration Form

PLEASE USE BLOCK CAPITALS ONLY

Please return completed form with a copy of your Birth Certificate to your club Coach/Youth Officer (if you are under 18).

Club name Coleraine RF & CC Season 2016-2017 First Name _____ Surname _____

Maiden Name _____ Initials _____ Date of Birth (DD/MM/YYYY)

_____/_____/_____ GENDER F M School Attended _____

Previous Club _____

Home address _____

Nationality _____ Country of Origin _____

Telephone Home _____ Mobile _____

_____ Email _____

Next of Kin/Guardian: Name _____ Contact Tel No. _____

Signed(Player): _____ Print Player

Name: _____

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 _____

Signed (Youth Co-Coordinator): _____ Dated: _____

Data Protection

It is necessary for Coleraine RF & CC ("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 Clubhouse 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:

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.

Signed(Parent/Guardian): _____ Date: _____

Print Name(Parent/Guardian): _____

Club Use only IRFU ID No.....

Copy of Birth Cert Signed Photos

Clubs are to return completed forms with the applicable fee to the Branch.