

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



**COLERAINE
MINI RUGBY**

For Admin Use Only

School Year _____

Membership Type _____

Player only / Family _____

Amount Paid; £ _____

Receipt No: _____

MINI RUGBY SECTION REGISTRATION FORM 2018-19

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.**

COLERAINE RUGBY FOOTBALL CRICKET & HOCKEY CLUB (“The Club”)

PARENT DECLARATION

I give my permission and acknowledge the following:

1. I, or my appointed representative, agree to remain with my child until the session has commenced and collect my child immediately at the end. For children requiring assistance in toileting I will remain for the entire session.
2. For my child/children/ward/wards to take part in supervised training and matches organized by “The Club”.
I understand that these are contact sports.
3. For the team manager to give immediate necessary authority, on my behalf, for any medical or surgical treatment recommend by medical authorities, where it would be contrary to the child’s interest, in the doctor’s medical opinion, for any delay by seeking my personal consent.
4. I have read and explained to my child the club code of conduct which is available on the club’s web site. www.coleraineminirugby.com
5. I am aware that my child will have away matches and it is my responsibility to arrange transport to and from these matches/events. The club will not always arrange such transport.
6. I agree that according to the clubs guidelines I will provide both a gum shield and head protection for my child’s protection and that training/activities/matches will not be permitted without such protection.
7. My child will be dressed appropriately in warm clothes during winter training and will wear the correct Coleraine kit during all matches.

GENERAL DATA PROTECTION RULES (GDPR)

The personal information you provide for yourself and your child and which will be held by The Club, will be used solely for dealing with your child as a member of The Club or the sports’ parent bodies.

The Club has a Data Privacy Policy which can be viewed in the Club office. Data will be stored and used in accordance with this Policy.

The Club may wish to publish Fixture Books or other Handbooks which will be available to all members and would contain members’, or in the case of a family membership the lead family members’, names addresses, telephone/mobile numbers, e-mail addresses.

Please be aware that if you later decide to withdraw your consent to contact details being published as above it will not be possible to remove your data from printed material until such time as the next edition is printed which will normally be on a yearly basis.

The club may arrange for photographs or videos to be taken of Club activities and published on its website or social media channels to promote the Club.

Child Name/Names _____

Parent/Guardian/Carer Consent

I _____ consent to the above Parent Declaration and GDPR Rules to “The Club”

Parent/Guardian/Carer Signature _____ Date _____



COLERAINE MINI RUGBY

CONTRIBUTIONS – 2018/2019 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 UP TO THE AGE OF 18 YEARS ON THE PRECEEDING 31st AUGUST 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 £80.00
MINI SECTION CONTRIBUTION £35.00 Per child reg. (voluntary contribution)
SUB TOTAL**

FAMILY MEMBERSHIP WITH ONE CHILD (VOLUNTARY CONTRIBUTION)	= £115.00
FAMILY MEMBERSHIP WITH TWO CHILDREN (VOLUNTARY CONTRIBUTION)	= £150.00
FAMILY MEMBERSHIP WITH THREE CHILDREN (VOLUNTARY CONTRIBUTION)	= £185.00

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 2017-2018 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.

Community Amateur Sports Club (CASC) Gift Aid Declaration -Single Donation

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the Community Amateur Sports Club (CASC) from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below.

I want to Gift Aid my donation of £ 35:00 to: Coleraine Rugby Football and Cricket Club.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

My Details:

Title First name or initial(s)

Surname

Full Home Address

Postcode..... Date

Please notify Coleraine RF & CC if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.