



Irish Rugby Football Union

Player Registration Form

Youth/Adult

PLEASE USE BLOCK CAPITALS ONLY

Club name: Ballina Killaloe RFC

Season: 2009-2010

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 Ballina Killaloe 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. 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 (Player): _____ Print Player Name: _____

This section must be completed if the player is 18 or under

Please return completed form with a copy of your Birth Certificate and, if player 13 or over, two (2) passport size photographs (signed on reverse side) to your club Coach/Youth Officer.

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-ordinator) _____ Date _____

Club Use only

IRFU ID No.....

Copy of Birth Certificate Signed Photos if player over 13