



Youth Membership Application Form

(U13 – U18½. Born 2005 to 1999 (1999 July to Dec))

2017 – 2018 Season

IN BLOCK CAPITAL LETTERS PLEASE

www.sligorfc.ie

Player Details

Name: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Male/Female: _____

Nationality: _____ Country of origin: _____

Parent/Guardian Name(s): _____

Contact Information

Home Address:

Home Telephone: _____ Mobile: _____

Email: _____

Emergency Contact Name: _____ Home Tel.: _____ Mobile: _____

Medical Information

Please provide details of any known or recent injuries, allergies, conditions, or medications.

Other Information

Any other special needs, requirements, or directions that would be helpful for coaches to know about:

**Sligo RFC Volunteer Program – We need YOUR help.....
Please contact one of the Sligo RFC Managers or Coaches. We need help in all
aspects of managing the club. Any help is welcome. Help us to help your child !!**

Parental/Guardian Consent

I am the Parent/Guardian of: _____

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aide, or suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Photographs: I understand that photographs may be taken during or at club related events and may be used in promotion of the club.

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

TO SIGN PLEASE TURN PAGE OVER

PTO - Important

Please complete one form for each applicant.

1.



BY SIGNING THIS APPLICATION YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THE CLUBS CODE OF CONDUCT FOR PARENTS AND SPECTATORS AND THE LEVEL OF INSURANCE THAT THE CLUB PROVIDES FOR ITS PLAYERS. SLIGO RFC HIGHLY RECOMMENDS PLAYERS TAKE OUT ADDITIONAL INSURANCE TO BE BETTER INSURED IN THE EVENT OF INJURY.

Signature: _____

Name (Print): _____ Date: ____/____/____

Membership Fee: €100 per applicant + €10 Development Levy.

If NOT registered with IRFU + €5 registration fee per applicant.

Please make cheques payable to Sligo RFC.

Family memberships are also available please ask for details.

Paid: _____

PLAYER INSURANCE AT SLIGO RFC

Sligo RFC is covered by the IRFU Compulsory Group Personal Accident Scheme for Clubs. This insurance only covers for the severest of injuries – loss of limb, loss of eye etc.

It is imperative that all members, coaches, players and parents associated with Sligo RFC familiarise themselves with the details of what you are insured for and more importantly, with what it is that you are not insured for.

It is the medical policy of Sligo RFC, where a fully paid up member of the Club is injured whilst representing the Club at either training or whilst playing that the Club will cover the initial hospital A&E charge only. **Sligo RFC does not have insurance cover for, nor can it provide costs towards any medical, dental, physio, etc. costs of any player.**

It is the responsibility of every member, coach, player and parent to ensure that you and/or your children have the necessary insurance cover to meet your own personal needs.

The committee of Sligo RFC advises that members must ensure that they are adequately covered for serious injury and they advise that additional Personal Accident cover can be purchased by members where they so require. For further advice in this regard please contact Sligo RFC's insurance advisors IPM Insurance, Stephen St., Sligo (Brian Kilgallon 071 9162595)

Most schools offer 24/7 insurance through Allianz Insurance. By opting for 24/7 coverage rather than just in-school cover your child will be better insured. The Allianz Insurance offer normally closes at the end of October each year. Please contact your school for more information.

For further information on both insurance and Code of Conducts please visit our club web site www.sligorfc.ie.