



MEMBERSHIP FORM

Ballina Youth Rugby Season 2016/17

Rates: **1 child** **€85**
 2 children **€160**
 Family **€250**

I the undersigned Parent/Guardian hereby consent to my child playing Youth Rugby with Ballina RFC.

Name:(of Youth) _____

Address: _____

Date of Birth: _____ School: _____

Youths mobile number: _____

List any medical conditions / details of which Ballina R.F.C. should be aware of pertaining to your child?

Signature (parent/guardian) _____ Date: _____

Please complete all contact details below as information regarding training and fixtures will be sent via text and/or email.

Please tick the preferred mobile number for text messages regarding fixtures and training.

Parent / Guardian	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>
	Name	_____	Name:	_____
Contact Phone No.	Mobile	_____	Mobile	_____
	Email	_____	Email	_____

Please note: We recommend that your child is covered by an insurance policy such as the Pupil Personal Accident 24 hour Insurance offered by schools in the case of an accident.

Photography Opt Out

I,..... the guardian of do **not** give my permission to Ballina RFC to use any still or moving image or audio footage depicting my child named above taken on behalf of Ballina RFC between Sept 2016 – May 2017 in line with the club's photography policy for training, educational or publicity purposes.

Data Protection:

It is necessary for Ballina R.F.C. to collect and record certain personal data relating to each member, including the member's name, address, telephone number, photograph 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 Registration Programme Website. It is the IRFU that controls any data provided. The system will be used for management and administration purposes only. To ensure we are fully compliant with data protection legislation we ask the member's parent/guardian to 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 outlined above).

Parent/Guardian Name Print: _____

Parent Guardian Signature: _____ Date: _____

Please note: Parents are welcome to become members of Ballina R.F.C.

Full Annual membership (includes option to apply for international tickets)	€100 p.a.	_____
Reduced rate membership (if you purchase 52 weeks entry to our club lotto)	€50 p.a.	_____
Family Membership which includes 3+ children and 2 adults is also an option	€250 p.a.	_____

You can now Register and pay membership online at
<http://www.pitchero.com/clubs/ballinarfc/payments>