

IRISH RUGBY FOOTBALL UNION Adult Player Registration Form PLEASE USE BLOCK CAPITALS ONLY

ClubName:	e:Season:FirstName:Surname:			
MaidenName	Ini	tials	_DateofBirth(DD/MM/YYYY)_	
GENDER F □M □Sch	oolAttended		PreviousClub	
Homeaddress				
Nationality	Cou	untry ofOrigin		
Telephone HomeMob	ile	Email		
Next of Kin/Guardian:	Name		Contact TelNo	
I understand that it is necessary for				
(Please tick as appropriate)				
	or the Club to contact mo ils, fundraising, ticket sa		_	at not limited to activities such as
with the Cl	, . .	ing used by the Club		icipating in games or activities connected books, match reports, event reports or on
I understand that I can withdraw my consent at any time by writing to the Club.				
Signed:		Date:		

Print Name: _____