Irish Rugby Football Union Youth Player Registration Form PLEASE USE BLOCK CAPITALS ONLY

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

Club name	SeasonSurname_			
First Name				
InitialsDate of B				
Home address				
Telephone. Home	Mobile	Emai	 .1	
Next of Kin. Name	Con	tact Tel No		
School Attended				
Signed(Player):	Print Pla	Print Player Name:		
I,named player has permission to Signed (Parent/Guardian):	o participate in rugby activities	s for the above named	d club.	
Signed (Farent/Guardian)		Date		
Signed(Youth Co-Ordinator):_	D	ated:		
Data Protection.				
It is necessary fordata relating to each member, inc about each member shall be proviservices provided relating to the It and published on the Website. It is management and administration purposes or release it to any party. The Club wishes to ensure that ea explicitly and unambiguously consumers. Therefore, the member's	luding the member's name, addrested to the IRFU, the relevant Brainsh Rugby Football Union's Players the IRFU that controls any data purposes only. Any party receiving without prior approval. It is members (for the purpose the the processing of personals to the processing of personals.	ess, telephone number anch and other third par registration Programm provided. The system g the information shall see of applicable data par data by the Club in co	and date of birth. The dat rties to facilitate any me Website (the "Website will be used for not use it for commercial protection legislation)	
I consent to the use of the pla reasonable and appropriate (included) Each member has the right to required have amended any personal data	uest in writing a copy of any pers	ve). sonal data about themse		
Signed(Parent/Guardian):	nn):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 €3 fee to the Branch.