

# IRISH RUGBY FOOTBALL UNION

***U18 Player Registration Form***

***To be completed for persons U18 years old and/or without capacity to give consent.***

## PLEASE USE BLOCK CAPITALS ONLY

Club Name: First Name: Surname:

Maiden Name Initials Date of Birth (DD/MM/YYYY) / /

GENDER F  M  School Attended Previous Club

Home address Nationality Country of Origin Season:

Telephone Home Mobile Email Next of Kin/Guardian: Name Contact Tel No.

Signed (Player): Print Player Name:

## Data Protection

I understand that it is necessary for (Insert Club Name) to collect and record the personal data on this form (“Personal Data”) for the contractual purpose of registering and maintaining the Under 18 Player’s membership with the Club. I understand that the Personal Data may be shared with Provincial Branches and the IRFU from time to time and that the Club, the Branch and the IRFU are all Data Controllers.

I understand that the Personal Data will be retained by (Insert Club Name) for the duration of the Under 18 Player’s membership and in line with the Club Retention Policy. I further understand that I have a number of rights around the processing of Personal Data, including the right to request in writing a copy of the Under 18 Player’s Personal Data which the Club holds, amend any information which is incorrect and to apply to have the Under 18 Player’s Personal Data erased. I can also confirm that I have been given the opportunity to consult further relevant information concerning my data protection rights at [www.dataprotection.ie](http://www.dataprotection.ie)

I am aware of all my Data Protection rights and have given my consent, by ticking the boxes and signing below, for my information to be used as follows:

(Please tick as appropriate)

* I consent for the Club to contact me with updates regarding the Club and including but not limited to activities such as match details, fundraising, ticket sales, meetings and events.

* I am aware that the Player’s photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for match programmes, year books, match reports, event reports or on the Club website or social media channels.
* I confirm I am the legal Parent/Guardian of the above-named player and can consent to the player participating in rugby activities in line with the IRFU’s Safeguarding Policy, <http://www.irishrugby.ie/playingthegame/development/safeguarding/policy.php>
* I acknowledge that the organisation is not responsible for complete supervision for the player except for formal coaching, matches and competitions.
* I am aware the Codes of Conduct for Parents and Players and I have discussed the relevant code with the player. I will endeavour that they should abide by it, <http://www.irishrugby.ie/playingthegame/development/safeguarding/parents-and-guardians.php>
* I have informed the club/related organisation of any necessary medical/behavioural information that allow club personnel to keep the player safe
* I confirm I am happy with the travel arrangements that the organisation may have arranged for the player.
* If selected on representative teams I am satisfied that the player will comply with the relevant anti-doping procedures.

I understand that I can withdraw my consent at any time by writing to the Club.

**Signed:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Clubs are to return completed forms with the applicable fee to the Branch.

Signed Photos 

IRFU ID No……………………………………………

**Club Use only**

Copy of Birth Cert 