



# PORTUMNA PUMAS

## UNDERAGE RUGBY REGISTRATION FORM



Name		Date of Birth:	___/___/___
Address		School:	
Contact:	1.	2.	
Relationship:			
Phone No.			
Email:			

### \*\* UNREGISTERED PLAYERS CANNOT TRAIN OR PLAY MATCHES \*\*

<b>Medical:</b> Does your child have any medical conditions that may affect their ability to participate in training or matches that you feel Portumna RFC should be aware of? <b>(if YES – Please complete a Medical Consent Form)</b>	YES / NO
<b>Accident or Injury:</b> The coaches and general helpers of the club have permission to act in place of the parent.  While the players are under their supervision I agree to fully exempt Portumna RFC personnel from any liability for accident or injury to my child while pursuing the activities of the club as a member of the club.  In the event of an accident during training or play, I give consent that my child, in the first instance, may be attended to by the coach or coaching assistants.  In the event of an accident during training or play where medical care becomes necessary, I authorise the Coach in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger my child's health or safety	YES / NO
<b>Personal Accident Insurance:</b> while there is no legal obligation on the IRFU or the club to provide insurance cover. Risk is an inherent factor in sport and when players voluntarily take part in games they accept the risks that such participation may bring. The IRFU stress that the cover provided by the compulsory scheme is Minimum cover only. While Portumna R.F.C has the minimum insurance as recommended by the IRFU we <b>STRONGLY</b> recommend that your child is covered under the school 24-hour insurance – <b>Is your child covered by school insurance?</b>	YES / NO

### PLAYERS ACKNOWLEDGMENT:

I have read and will abide by the Portumna RFC's code of conduct for players.

Signature of PLAYER:

Date: \_\_\_/\_\_\_/\_\_\_

### PARENT ACKNOWLEDGEMENT:

I have read and will abide by the Portumna RFC's code of conduct for Parents / Guardians.

Signature of Parent / Guardian:

Date: \_\_\_/\_\_\_/\_\_\_

### TEXT MESSAGES ACKNOWLEDGEMENT:

I understand that if I do not acknowledge text messages from Portumna RFC when required in a timely manner **I will be removed from the parent information text list.**

Once removed from text list Portumna RFC will take no responsibility for getting information to me.

Signature of Parent / Guardian:

Date: \_\_\_/\_\_\_/\_\_\_

# WE NEED YOUR HELP!!

Portumna RFC relies on the help of parents to successfully operate its Mini Rugby teams,  
we would hope that parents would be willing to help out in some way.

**PLEASE TICK AT LEAST ONE** of the following boxes

<ul style="list-style-type: none"> <li>• <b>Coaching Assistance (No Experience needed)</b> <input type="checkbox"/></li> </ul> <p style="margin-left: 20px;"><b>NOTE:</b> You don't have to be there every week, just be there every week that you can.</p>	THANK YOU FOR HELPING <u>YOUR CLUB</u>
<ul style="list-style-type: none"> <li>• <b>Help with Home Blitzes – Hospitality / Parking etc.</b> <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Fundraising</b> <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>First Aid Help (if qualified)</b> <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Administration</b> <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>I do not wish to help out</b> <input type="checkbox"/></li> </ul>	

## DATA PROTECTION

I understand that it is necessary for Portumna RFC (“the Club”) to collect and record the personal data on this form (“Personal Data”) for the contractual purpose of registering and maintaining my 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 Portumna RFC for the duration of the 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 my Personal Data which the Club holds, amend any information which is incorrect and to apply to have my 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:

Yes  No  **I consent for the club to contact me** with updates regarding the Club and including but not limited to activities such as match / training details, fundraising, ticket sales, meetings and events via phone, text, email or app.

Yes  No  I am aware that **photographs or video images of me or my child 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 advertising or promotional purposes and event reports or on the Club website or social media channels.

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

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

## For Club use Only

Birth Cert.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Paid	€	Jersey (AGE Size)	
IRFU Form	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Cash/Chq/DD	Shorts (Waist – Inches)	
Medical Form	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	16 <sup>th</sup> Man	Yes <input type="checkbox"/> No <input type="checkbox"/>	Socks (Shoe Size)	

## NOTES

