



PLAYER MEMBERSHIP FORM

(BLOCK CAPITALS PLEASE) Date: _____ Season: _____

Name: _____

Address: _____

Postcode: _____ Landline No: _____ Mobile No: _____

Email: _____

Date of Birth: _____

Nationality: _____

Gender: Male Female

Club Last Registered With: _____

League Last Registered With: _____

TO BE COMPLETED IF PLAYER IS UNDER 18

Parent/Guardian Name: _____

I hereby give authority to the player being registered as a member of Rathnew AFC.

Parent/Guardian Signature: _____

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of being a player at Rathnew AFC, I agree as follows:

1. I will be governed by the club's Code of Conduct and Policies, as well as WDFL, LFA and FAI regulations and to be bound by them.
3. I accept that all fines in my name must be paid by me and not by the club.
4. I will follow all club and FAI policies and protocols on COVID-19.

By signing and dating below, you agree to be bound by this agreement even if you have not read the agreement and you are giving consent for the use of photographs for club social media and registration on the FAIConnect database only. If you do not wish to give consent please tick the box.

Signed: _____

Date: _____

For use by Club Secretary

Date Form Received: _____

Signature: _____

Date: _____