



# Newbridge Rugby Football Club

Rosetown, Athgarvan, Newbridge, Co. Kildare  
[info@newbridgerugby.com](mailto:info@newbridgerugby.com)    [www.newbridgerugby.com](http://www.newbridgerugby.com)

Office Use Only:	
Age Group:	_____
Voucher No:	_____
Sticker Rec'd:	_____
Fee Rec'd:	_____
Member No:	_____
Group No:	_____

## Membership Application Form 2015-16 – Adult/Family Section

All registration forms and fees must be with the Club by 30<sup>th</sup> September 2015

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

1 x Adult €170     1 x Student €90     1 x Family €255     Other   
RENEWAL     NEW MEMBER

Player Details (please print)	
Home Address	
Business Address	
Playing Position	
Previous School / Club	
Medical Conditions <i>(Please do not leave blank)</i>	None <input type="radio"/>
Communication Details (please print)	
Mobile Number	
e-Mail	
Parent / Guardian's Name	
IRFU Registration Details	
IRFU No (if known)	

### Player Insurance

Newbridge RFC uses the cover provided by the IRFU, which covers serious or permanent injury. Players are advised to take out additional private cover, details of which can be obtained from the Director of Rugby.

I/We have read, understood and agree to abide by the rules of Newbridge Rugby Football Club and the Code of Conduct ([https://secure.pitchero.com/admin/club/29026/site-content/documents/edit?document\\_id=118109](https://secure.pitchero.com/admin/club/29026/site-content/documents/edit?document_id=118109)) and I consent to Newbridge Rugby Football Club retaining and using the data provided in this form for the administration of the membership for the above named person.

I consent that from time to time the Club may capture or employ agents to capture images and use appropriate images for promotional and fundraising purposes.

Signed  
Player: \_\_\_\_\_

**Family Membership Details**

(The person named on the previous page will be considered as Adult 1 and will be the contact person for all matters related to this family membership application and will hold the right to vote at AGMs & EGMs)

	<b>Name</b>	<b>Mobile No</b>	<b>e-Mail</b>
<b>Adult 2 (If applicable)</b>			

**Youth & Mini Player details**

(It is allowable to have more than 3 Youth & Mini Players from the same Family on a Family Membership)

<b>Name</b>	<b>Date of Birth</b>	<b>School</b>	<b>Medical Conditions</b> A blank box will indicate NO conditions	<b>Renewal/New Member</b>	<b>Age group (Office Use Only)</b>