

**MY Suttonians Membership Application / Renewal Form Season 2020 / 2021**

**Players Name: Date of Birth:**

**Address:**

 **Phone:**

**Parent Mobile(s): Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: Youths Mobile: \_\_\_\_\_\_\_\_\_**

**Parents E- Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information:** List any medical conditions / allergies or any medication being used by your child:

**Insurance Cover:** The Irish Rugby Football Union / Leinster Branch provide a minimum level of insurance cover to all Youths, provided that he / she is registered with the Leinster Branch. **The Union recommends** that individuals should arrange additional voluntary top-up cover to supplement this. It is the individual **Parents/Guardians responsibility** to ensure that their child has adequate Insurance cover.

**Photographs/Video:** SRFC requires your permission to take photographs /video footage of your child and for you to understand that these images may be used for SRFC promotional purposes, but individuals will not be identified. Signature of this form gives this permission. **Note:** Family membership does not include gym membership, if a family member wishes to use the gym a 40 Euro levy applies for each family member wishing to utilise the facility. Any queries contact the office elitchfield@eircom.net

***Volunteer: Can you, or any member of your family help/volunteer at Suttonians?***

**SUBSCRIPTION (Tick as appropriate.)**

**Family Membership: € 260.00**

**MY Suttonians Annual Fee: €100.00**

**MY Suttonians Annual Fee & Gym Levy:**

 **(Applicable over 16’s only) € 140.00**

 **Additional MY Suttonians Member: € 50.00**

**Fathers Name:**

**Mothers Name:**

**I/We consent to my/our child becoming a Juvenile member of Suttonians Rugby Football Club and agree to abide by the club regulations and code of conduct. I/We have read and understood the above and confirm that our child is medically fit to play rugby football.**

**Signature of Parent or Guardian**

**Date:**