



Playing Member Application Form 2018 2019

NAME	
ADDRESS	
PHONE	
EMAIL	
DATE OF BIRTH	

Please tick the appropriate box

PLAYING MEMBER	€225	
PLAYING UNDER 21	€125	
*PLAYING FULL TIME STUDENT	€125	

*Student membership only applies to full time students

NAME OF COLLEGE YOU ATTEND	
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All new members will be set up on the clubs Smartclub system and sent instructions on how to pay online. Members who have paid their Subscription will be issued a chipped smart card and will be able to use their Club Smart Member Card for discount in the Old Wesley Bar.

Playing rates include compulsory IRFU player insurance

I hereby apply to OLD WESLEY RFC for Membership of the Club.

I subscribe to and undertake to further the aims and objectives of the Club and of the IRFU and to abide by its Rules.

- I understand the personal data on this form ("Personal Data") will be used by the Club and the IRFU for the contractual purpose of registering and maintaining my Membership.
- I understand that the Personal Data will be retained by the Club and the IRFU for such period as my Membership subsists.
- I understand that I can resign my Membership by writing to the Club and my Personal Data will then be erased.
- I understand that my Personal Data will also be used for administrative purposes to maintain my Membership including club and team administration, club registrations, teamsheets, disciplinary matters, Injury Reports, transfers, sanctions, permits and for statistical purposes.
- I understand that if I do not provide my Personal Data my Membership cannot be registered with the Club and the IRFU

Signed _____ Date: _____

Print Name: _____

OLD WESLEY

Rugby Football Club



I have read the important Data Protection information (link to website) and have given my consent, by ticking the boxes and signing below, for my information to be used as follows:

(Please tick each box)

- (1) To provide me with updates regarding Club activities such as matches, meetings and club events
- (2) To provide me with details of Club fundraising activities including Club draw, IRFU my country my club, social occasions, ticket sales etc
- (3) I am aware that my 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 items like match programmes, year books, match reports, event reports or on the Club website or social media channels.
- (4) I consent to Old Wesley RFC requesting and retaining my medical records, including those relating to any concussion injuries, whilst I remain a member of the Club. I also consent to the Club retaining a copy of a Doctor's Clearance Certificate for return to play in accordance with IRFU concussion guidelines.

I understand that I can withdraw my consent at any time by writing to the Club
I understand my rights under Data Protection legislation, as outlined on the reverse of this form

Signed _____ Date: _____

Print Name: _____

PROPOSER	
SECONDER	

HONORARY SECRETARY APPROVAL SIGNATURE _____

Administration

MEMBER NO.	
SMART	