



# ROCKMOUNT A.F.C

Grounds: Whitetchurch, Co.Cork

## Player Membership Form : U6 to U16 Age Groups

Season: 20 - 20

### Section A

Players Full Name: \_\_\_\_\_

Players Gender: Male  Female  Players Nationality: \_\_\_\_\_  
(Fai Requirement)

Player Address: \_\_\_\_\_  
\_\_\_\_\_

Players Date Of Birth: 

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 F.A.I.R Number: (If known) 

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Club Last Registered With: \_\_\_\_\_

League Last Registered With: \_\_\_\_\_

### Section B

Parent / Guardian Full Name: \_\_\_\_\_

Parent / Guardian Contact Telephone Number: \_\_\_\_\_

Parent / Guardian E-mail Address: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Can you please list any medical conditions your child may have that it would be necessary for the Club to be aware of  
\_\_\_\_\_

### Section C

I hereby consent to be registered as a player and a member of Rockmount AFC (not having signed for any other club) to play in the Cork Schoolboy/Girls/Youth League for the season 2015 - 2016. I have read and agree to abide by the rules and Codes Of Conduct of the FAI, League and the Club.

Player Signature: \_\_\_\_\_ Date: 

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Your data will be stored in compliance with the Data Protection Acts and will not be shared with any other body or organization without your consent unless such sharing of information is necessary for your participation in football related competitions and activities.

The Club and the FAI may forward information of interest to you in relation to events, commercial activities, ticketing arrangements or other related activities. Please tick this box if you do NOT wish to receive any such information.

### Section D

Amount Received: € 35.00  € 50.00

#### Note: Fees Payable

Fee of €35.00 per player, academy to u16. €50 for more than one family member registered in total.

Received By: \_\_\_\_\_ Date \_\_\_\_\_