



# SHAMROCKS FC MEMBERSHIP FORM 2024

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Eircode \_\_\_\_\_

Name of Parents / Guardians: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Mobile No's: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Phone No: (Emergencies): \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

School: \_\_\_\_\_

**Membership: €50 (MUST BE PAID BEFORE THE START OF THE SEASON)**

As per FAI guidelines all new players must provide photographic ID when registering.

**Medical Information: (To be completed by parent/guardian)**

Does your child have any medical condition or allergies or is your child taking any medication that the club should be aware off? (E.g. Asthma, Diabetes, Epilepsy, Hay Fever, Penicillin)

No

Yes

If yes please specify: \_\_\_\_\_

I/we give permission to bring my/our child to hospital in case of emergency and authorise all medical / surgical procedures as advised by a treating doctor.

Yes

No

Note: Shamrocks FC will make all reasonable efforts to contact a parent/guardian or emergency contact person as soon as possible in the event of a medical emergency.

**I have read and understand the conditions overleaf and agree to abide by the rules of the Club.**

**I authorise the club to use the above phone numbers for contact purposes.**

**Member's signature:** \_\_\_\_\_ **Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**All sections must be fully completed in block capitals and returned to the Club Secretary.**