



Club Member Registration Form

Club Rules and Policies available on www.carrigwohillunited.com.

Member's Name _____ Season _____

Nationality (FAI requirement) _____ Gender Male Female

Address _____

Member's Mobile Phone _____ *(will be used by club for text alerts)*

Member's Email Address _____

For U18 Members only

Member's Date of Birth _____

Parent/Guardian Phone _____

Parent/Guardian Email _____

Extra Medical needs _____

Consent of Parent/Guardian

I give consent for my son / daughter to participate in the Club's events. I accept that it is my responsibility to inform the club directly of any changes to the details recorded on this form.

Signed (Parent/Guardian): _____

Print Name: _____ Date: _____

Member's Consent

Signed _____ Date: _____

By signing this form, I confirm that I have read and that I understand the Club's Rules and Code of Conduct. Please return with correct membership fee to your manager or the club secretary.

Club Use Only - Date Received _____ ***Membership Fee Received €*** _____