



# KILLORGLIN AFC MEMBERSHIP FORM

Please Print Clearly. Use Birth Certificate Name Only.

Last: \_\_\_\_\_ First: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail: \_\_\_\_\_

AGE: \_\_\_\_\_ Date Of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please use Parents  
Home, Mobile Numbers  
and e-mail if under 18**

Describe any medical information (allergies, asthma, etc.) \_\_\_\_\_

Person to Notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Tick the boxes ✓

I will abide by the Club Rules as stated in the Clubs Constitution.

Killorglin AFC request permission to use individual and group photographs and/or to record video footage for training, competition and/or promotional purposes. Participants must also accept that they may also appear in a photograph or video inadvertently.

**CONSENT FOR MEDICAL TREATMENT (MINOR):**

*As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a Doctor.*

Signature: Parent/Guardian only

X \_\_\_\_\_

Signature: Senior Player only

X \_\_\_\_\_

**PARENTAL/PLAYER SUPPORT**

We ask active participation of all **Parents/Players** in our Club. Circle area(s) in which you would be willing to help.

- |                       |                      |
|-----------------------|----------------------|
| Coach                 | Field Monitor        |
| Assist Coach          | Referee              |
| Fundraising Committee | Committee Member     |
| Field Preparation     | Assist Saturday Club |

Other \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

PLAYER FEE € \_\_\_\_\_

- DISC (OTHER SIBLINGS ETC) - € \_\_\_\_\_

TOTAL PAID = € \_\_\_\_\_

CASH  CHECK NO.  \_\_\_\_\_

**Official Use Only**