



KILLORGLIN AFC MEMBERSHIP FORM

PLEASE PRINT CLEARLY. USE BIRTH CERTIFICATE NAME ONLY

CHILDS NAME 1:			
DATE OF BIRTH:	_ _ / _ _ / _ _ _ _	AGE:	_ _
CHILDS NAME 2:			
DATE OF BIRTH:	_ _ / _ _ / _ _ _ _	AGE:	_ _
CHILDS NAME 3:			
DATE OF BIRTH:	_ _ / _ _ / _ _ _ _	AGE:	_ _
E-MAIL:			
PARENT/GUARDIAN 1:		PHONE:	
PARENT/GUARDIAN 2:		PHONE:	
ADDRESS:			
EIRCODE:			

DESCRIBE ANY MEDICAL INFORMATION (ALLERGIES, ASTHMA ETC.): PERSON TO NOTIFY IN EMERGENCY: <p style="text-align: center; color: blue;">PLEASE TICK THE BOXES</p> I WILL ABIDE BY THE CLUB RULES AS STATED IN THE CLUB CONSTITUTION (www.killorglinafc.ie): <input type="checkbox"/>	<h3 style="text-align: center; color: blue;">MEMBERSHIP 2021/22</h3> <table style="width: 100%;"> <tr> <td>SENIOR PLAYERS:</td> <td style="text-align: right;">€85</td> </tr> <tr> <td>SCHOOLBOYS/GIRLS & U17/YOUTHS:</td> <td style="text-align: right;">€65</td> </tr> <tr> <td>ACADEMY:</td> <td style="text-align: right;">€45</td> </tr> <tr> <td>FAMILY:</td> <td style="text-align: right;">€105</td> </tr> </table> <p style="text-align: center; color: red;"><u>OFFICIAL USE ONLY</u></p> RECEIVED BY: _____ DATE: _____ TOTAL FEE DUE: € _____ OTHER SIBLINGS/FORMS: -€ _____ TOTAL PAID: € _____ CASH: <input type="checkbox"/> CHEQUE: <input type="checkbox"/> OTHER: <input type="checkbox"/>	SENIOR PLAYERS:	€85	SCHOOLBOYS/GIRLS & U17/YOUTHS:	€65	ACADEMY:	€45	FAMILY:	€105
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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 APPEAR IN PHOTOGRAPHS OR VIDEO INADVERTENTLY: <input type="checkbox"/>									
SIGNATURE:									
DATE:									