

## KILLORGLIN AFC MEMBERSHIP FORM (Existing Members)

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	MEMBERSHIP 2021/22		
(ALLERGIES, ASTHMA ETC.):			
	SENIOR & STUDENT/YOUTH PLAYERS:	€25	
PERSON TO NOTIFY IN EMERGENCY:	SCHOOLBOYS, GIRLS & U17:	€60	
	ACADEMY:	€45	
PLEASE TICK THE BOXES	FAMILY:	€100	
I WILL ABIDE BY THE CLUB RULES AS STATED IN THE	OFFICIAL USE ONLY		
CLUB CONSTITUTION (www.killorglinafc.ie):	RECEIVED BY: DATE:		
KILLORGLIN AFC REQUEST PERMISSION TO USE			
INDIVIDUAL AND GROUP PHOTOGRAPHS AND/OR TO			
RECORD VIDEO FOOTAGE FOR TRAINING,	TOTAL FEE DUE:	€	
COMPETITION AND/OR PROMOTIONAL PURPOSES.			
PARTICIPANTS MUST ALSO ACCEPT THAT THEY MAY	OTHER SIBLINGS/FORMS:	-£	
APPEAR IN PHOTOGRAPHS OR VIDEO			
INADVERTENTLY:			
	TOTAL PAID:	€	
SIGNATURE:			
DATE:	CASH: CHEQUE: OTHER	κ. <b></b>	