



**Sunday's Well RFC
Squad - Rebels
Membership/Renewal Application Form (2014/2015)**

A separate form needs to be completed for each player.

Player's Name:

Address:

.....

D.O.B .../...../.... Email..... Mob. No.....

Membership: Please Tick (✓) Player €50

<u>Contact Details:</u>	Parent / Guardian	Second contact (if available)
Name		
Mobile No.		
E-Mail		

Every player must fill out and return (with all the necessary information/signatures) the Sunday's Well Rebels' Emergency Contact And Medical Information Form.

Insurance Cover: It is the responsibility of all players or parents/guardians to ensure all players have their **own** adequate level of insurance cover. The club recommends that players are covered by medical insurance from a recognised private medical insurer. Any expenses in the event of an injury are **not** covered by the club and the Rebels team/players are presently **not** covered by IRFU serious injury policy.

Player Signature:

Date:/...../.....

Where applicable a parent/guardian must also sign.

I _____ give full permission for _____ to play full contact rugby union with the Sunday's Well Rebels

Parent/Guardian Signature:

Date:/...../.....