



Member Registration Form

First Name:			
Surname:			
Gender:		Date of birth:	
Address:			
Phone:			
E-mail:			
Start date:			

Emergency Contact 1:	
Emergency Contact 2:	

MEDICAL HISTORY INFORMATION:	
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In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first-aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Other information

Any other special needs, requirements or directions that would be helpful for leaders to know about.

Photographs

I understand that photographs will be taken during or at sport-related events and may be used in the promotion of the sport.

I hereby consent to the above child(ren) participating in activities of the organization in line with the Code of Ethics for Young People. I will inform the leaders of my children's activities of any changes to the information above.

TRAVEL

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities. I authorize Ms/Mr _____ to transport my child to and from the training.

PHONE NUMBER:	
ADDRESS:	

PARENT'S SIGNATURE _____ Date _____

Payment options

Club Registration Type	<input type="checkbox"/> First time (U18): €40	<input type="checkbox"/> Renewal (U18): €20
Annual Membership Type (September- May)	<input type="checkbox"/> Training once a week (U18) €216	
	<input type="checkbox"/> I want to spread the cost in 3 installments of €72 (payable on the 1st of September/ December/ March)	
	<input type="checkbox"/> I want to use option pay as you go €7 (for non – league players only)	

Payment details:

Account name: Dalkey Devils Volleyball Club

Account number: 10450671

Sort code: 985039

BIC: ULSBIE2D

IBAN: IE72ULSB98503910450671

[I hereby agree to the club policy stated with all rules and conditions](#)

Signature:
Date: