

# CARRICKFERGUS RUGBY FOOTBALL CLUB

FOUNDED 1865

AFFILIATED TO THE IRISH RUGBY FOOTBALL UNION – ULSTER BRANCH

## Grounds:

**Tom Simms Memorial Park**  
Woodburn Road  
Carrickfergus  
Co Antrim  
BT38 8HQ  
Phone: 028 9335 1033



## Youth Rugby Section

c/o Mr Richard Higgins/Mr Paul  
Greenaway  
9 Rose Place  
Reids Road  
Ballystrudder  
Islandmagee  
Co. Antrim  
BT40 3UE

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## YOUTH SECTION PLAYER REGISTRATION FORM – 2016/2017

**Player Name:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Attended:** \_\_\_\_\_

**Playing Positions:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Preferred Text Contact:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Parental Contact:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Illness / Allergies:** \_\_\_\_\_  
\_\_\_\_\_

### Parental / Guardian Consent:

I give permission for my child to train and play rugby for C.R.F.C. Youth Section. I fully understand the nature of the game and recognise all risks involved.

I give permission for my child to receive first aid if required during a game or practice. I also agree for photographs of my child to be used in local papers or on the club website.

I agree to pay the membership fees of £60. (£55 for second or subsequent child). All players must have subscriptions fully paid to be eligible to play in Youth League fixtures.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_