

**Colours:**  
White Jersey with  
Blue Horizontal Band,  
Navy Shorts & Blue Socks



Club Sponsor  
**The Kerryman**

**Grounds:**  
Brendan O'Dowd Park, Clahane, Ballyard, Tralee, Co. Kerry.  
Telephone: 065 7121584, Web: www.traleerugby.com

### 2011/2012 Membership (New or existing)

I / We \_\_\_\_\_ (Applicants'/Parents Names in Block Letters)  
wish to apply / renew membership of Tralee RFC for the 2011/2012 season and, if accepted, will agree  
to be bound by it's rules and regulations.

#### Type of Membership

Family €150       Single Adult €100       Couple €150       Student €50

**All Children must hold Family Membership.** Family Membership includes parents and all children to age 18.  
Family Membership amount includes the compulsory IRFU registration fee, which is required for all players under 18 years of age.  
All Underage Players must provide a copy Birth Certificate or Passport. A Student is over 18 still in fulltime education where no  
other family membership exists; otherwise he/she is covered under the Family Membership.

Home Address	Children	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Primary Contact No. _____	_____	_____
Secondary Contact No. _____	_____	_____
Email address _____	_____	_____

#### Terms and Conditions of Membership

As a member I/We agree to the following:

To undertake a minimum of two hospitality/fundraising events per annum;

To Inform the club (team manager)of any relevant medical condition;

To allow the club utilise retained data for normal club purposes;

Accept that the club will use photographic/video material of players/members (including youths) for club promotional and media purposes;

Accept responsibility for personal possessions;

Note : Club discount cards will only be issued to members who have paid their subscription by 1st December 2011.

**Insurance cover:** The IRFU / Munster Branch provide a minimum level of insurance cover to all Youths, provided he/she is registered with the Munster Branch. The Union recommend that individuals should arrange additional voluntary topup cover to supplement this. It is the individual Parents/Guardians responsibility to ensure that their child has adequate insurance cover.

**Signature/s of Applicants:** X \_\_\_\_\_ **Date:** X \_\_\_\_\_

[NB: By signing this application form we accept that we have read and understood the items above.

#### For Club Purposes:

Proposed by \_\_\_\_\_ Signature \_\_\_\_\_

Seconded By \_\_\_\_\_ Signature \_\_\_\_\_

Date of Application \_\_\_/\_\_\_/\_\_\_ Date Approved/Declined \_\_\_/\_\_\_/\_\_\_

Displayed on Notice board (dates) \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Confirmed by: \_\_\_\_\_ (Signature of Secretary)