



BALLYBOFEY UNITED Fc

(Est. 1971)

2020 Season

Membership Application Form 2020 season

(Youth Playing)

Name of applicant: DOB:...../...../.....

Address:.....

Parents/Guardians Full Name.....

Mobile No:.....Other Emergency Mobile No:

Above contact number(s) will be used in conjunction with GDPR guidelines (please see over page)

E-mail address:.....

Previous Club: Dates From/...../..... to/...../.....

Any suspensions at previous club (Delete as required) **Y / N**

ANY MEDICAL CONDITIONS **Y / N** (delete as required if Y please detail below)

.....

.....

Membership Fee: €30

Membership Fee MUST accompany this form.

Notes:

Membership Fees are payable annually and are valid from 1st January to 31st December 2020.

Adult membership entitles the holder to one vote at the AGM of the club. (Held annually in June). Memberships are non-transferrable and the annual fee will be fixed at each AGM.

PTO to complete form

Declaration:

I wish to join Ballybofey United Football Club as a general playing youth member. I agree (both parent and player) to abide and adhere to the constitution and rules of Ballybofey United Football Club (available via club web site). I consent, for the purpose of the Data Protection Act, to the club holding and processing the data on this form for the purposes of the club. I consent to the Club photographing or videoing the young person’s involvement in Club activities and the club’s controlled use of these images.

GDPR CONSENT

I give Ballybofey United, their officials and coaches consent to contact myself (Parent/Guardian named below) in regards to ALL activity involving the club/players by:

Please tick box:

Phone Call

Text/Whats App

Email

Via Face book

Parent/Guardian’s full name:

CAPITALS PLEASE

Parent/ Guardian’s signature:

Player Signature:

Application at club meeting of:

Registrar’s Signature:

Secretary’s signature:

Application Date: 10/01/2020 ALL APPLICATIONS FORMS MUST BE RETURNED TO CLUB REGISTRAR.