

- *In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.*
- *If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.*
- *I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required.*
- *I consent to the above Application and to undertakings given by the Applicant.*
- *I understand the personal data on this form will be used by the Club and the Association for the contractual purpose of registering (or re-registering) and maintaining the Applicant's Membership.*
- *I understand that the Personal Data will be retained by the Club and the Association for such period as the Applicant's Membership subsists and for a reasonable period thereafter.*
- *I understand that my personal data will also be used for administrative purposes to maintain my membership including Club and team administration, registrations, team sheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.*
- *I understand that I can resign my membership by writing to the Club and my personal data will then be erased.*
- *I understand that if I do not provide my Personal Data my Membership cannot be registered with the Club.*
- ***I understand that the Club do not operate players' personal injury insurance cover and any member who wishes to have such personal injury insurance in place must arrange such cover at their own sole expense. Please see reverse page for Club Guidelines for Players***