



Membership Registration Form

ALL MEMBERS ARE REQUIRED TO FILL OUT THIS FORM. THIS FORM SHOULD BE FILLED OUT BY
 PARENTS/GUARDIANS FOR JUVENILE MEMBERS (under 18)

MEMBERSHIP FEES SHOULD BE PAID TO:

Account Name: **Santry Volleyball Club**

IBAN: **IE63BOFI90047144903455**

REFERENCE: *Please put your name as reference*

NAME:

DATE OF BIRTH (If under 18)

GENDER:

EMAIL ADDRESS:

MOBILE NO:

LANDLINE NO:

ADDRESS 1:

ADDRESS 2:

COUNTY:

Do you wish to be considered for team selection?

YES

NO

State your Level:

LEAGUE PLAYER		FEES
Club Registration (Yearly)	Adult Members	€65
	Junior U18	€30
Player Registration (Yearly-Payable to VI)	Adult (Full-time employed)	€35
	Student/Part-time employed	€25
Monthly Fee	Adult (Full-time employed)	€40
	Student/Part-time employed	€25
	Junior U18	€20
NON-LEAGUE PLAYER (JUNIOR UNDER 18)		FEES
Club Registration (Yearly)	Junior Member	€30
Player Registration (Yearly-payable to VI)		€15
Monthly Fee		€10

Do you have any medical illnesses, injuries or allergies that we should be aware of?

If YES, please specify:

Emergency Contact Name:

Number:

I agree to abide the rules and regulations of **SANTRY VC** as set out in the constitution and code of conduct. Parents /guardians, by signing below you are giving consent for the named juvenile to become a member of **SANTRY VC.**

Signed: *(Over 18's/Parent or Guardian Signature)*

Date:

Juvenile Signature: *(Under 18's Signature)*