Westmeath Minotaurs AFC

Membership Form & Consent Pack

This form must be completed by all players (and parents/guardians for under-18s).

SECTION 1 — Participant Details

Player Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____

SECTION 2 — Waiver of Liability & Assumption of Risk

In consideration of being allowed to participate in any way with Westmeath Minotaurs AFC, including training, matches, events, and related activities, I acknowledge and agree that:

1. **American Football carries inherent risks**, including serious injury, concussion, paralysis, and death. While rules, equipment, and coaching reduce risk, injuries may still occur.
2. I **freely and voluntarily assume all risks**, known and unknown, associated with participation.
3. I agree to **follow all instructions, safety rules, and club policies**. If I observe any hazard, I will immediately stop participation and notify a coach or official.
4. I, for myself and my heirs, personal representatives, and next of kin, **release and indemnify** Westmeath Minotaurs AFC, Mullingar Rugby Club, American Football Ireland, their officers, officials, agents, volunteers, and sponsors from any liability for injury, disability, death, or property damage, to the fullest extent permitted by law.

I have read and understand this waiver. I sign it freely and voluntarily.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

SECTION 3 — Medical Declaration & Emergency Consent

Understanding the physical nature of American Football, I confirm:

- I have **no medical condition** that would inhibit safe participation.
- I understand the club **does not provide medical insurance**.
- In the event of injury or emergency, and if I or my parent/guardian cannot respond, I give permission for Westmeath Minotaurs AFC to **seek or administer first aid or emergency medical care**.
- I accept responsibility for any medical costs incurred.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

SECTION 4 — Medical Information

Medical Conditions:

Allergies:

Other Relevant Information:

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

I confirm that all medical information provided is accurate and complete.

Signature: _____ Date: _____

SECTION 5 — Club Policies Agreement

I confirm that I have received, read, and agree to adhere to:

- **Westmeath Minotaurs Child Protection Policy**
- **Westmeath Minotaurs Code of Conduct**
- **Westmeath Minotaurs Constitution**
- **Westmeath Minotaurs Social Media & Digital Communication Policy**

Printed Name: _____

Signature: _____

Date: _____

SECTION 6 — GDPR Personal Data Consent

Your privacy is important to us. Under GDPR, we require your consent to store and use your personal data.

Please tick the boxes where you grant consent:

Contact Methods

I consent to the club contacting me by: □ Post □ Phone □ Email

Media & Photography

□ I consent to the club using photos/videos taken during events (in line with club policy).

Club Communications

□ I consent to receiving information about club news, events, activities, training, and requirements.

Data Sharing for Club Operations

I consent to the club sharing my information with: □ American Football Ireland (league administration, insurance, training, game management) □ Westmeath Minotaurs AFC (club administration, training, game management) □ Medical personnel in emergencies

Signature: _____ Date: _____

You may withdraw consent at any time by contacting the Club Secretary at **info@westmeathminotaurs@gmail.com.**