



Registration Form

For Guidance only
**Maximum
Photo Size**



1. Use this Form for **First Time Registrations, Registration Renewals, Club Transfers** and for **Lost Card Replacements** and indicate below which one applies.
2. Please write in **CLEAR BLOCK LETTERS**. Forms submitted with illegible writing will be returned unprocessed and the ICRF will not accept responsibility for any loss or inconvenience caused to the applicant as a result.
3. Please include **1 Passport Size Photograph** with your **NAME** and **CLUB** clearly written on the reverse.
4. For a First Time Registration, please include your **Birth Cert**, which will be returned after scrutiny by your **Association Registrar/Secretary**. Do not send this to the ICRF. Original Documents only, No Photocopies.
5. Please include the Appropriate Registration Fee (€10.00)
6. For **Adults**, Registration is valid for 5 years. For **Applicants Under 18**, Registration is valid for 3 years.
7. The completed form must be sent to your **Association Registrar/Secretary** for verification of documentation.
8. Then send the Completed & Verified Form, Photo & Fee to ICRF Registrar:

▪ **Bernie O'Donovan, ICRF Registrar, Lisduff, Castlefreke, Clonakilty, Co. Cork.**

Nature of this application (Tick ✓ One):			
First Time Registration	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Club Transfer	<input type="checkbox"/>	Lost Card Replacement	<input type="checkbox"/>

In the event of a Club Transfer Application , Name of Previous Club:	Previous ID Card Number (if known):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name:	Club:
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Date of Birth:
	Home Association:

 Do you hold a current and up-to-date Code of Ethics Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate No. (if Any)	Expiry Date (if Any)
	<input type="text"/>	<input type="text"/>
 With regard to Coastal Rowing specifically, Have you been Garda Vetted Yes <input type="checkbox"/> No <input type="checkbox"/> or Access NI Vetted ?	Certificate No. (if Any)	Expiry Date (if Any)
	<input type="text"/>	<input type="text"/>

To be Signed by the Applicant: <ul style="list-style-type: none"> I wish to apply to the Irish Coastal Rowing Federation to be registered as a member of the above stated club and I Agree to be bound by the Rules, Policies and Decisions of the Irish Coastal Rowing Federation, its Officers & Authorised Representatives. I am familiar with the ICRF Code of Ethics and Good Practice for Children in Irish Coastal Rowing and I agree to be bound by the Code and all of its requirements and aims. 	To be Signed by the Assoc. Secretary / Registrar: <ul style="list-style-type: none"> I Certify that this Applicant is a Member the above named club I confirm that the Date of Birth supplied above is correct according to the documentation supplied to me and which I have examined and I am satisfied with its authenticity. I hereby propose the applicant for Registration with the I.C.R.F.
Signed: Applicant <small>If the applicant is under 18 years of age, a Parent or Legal Guardian must sign.</small>	Signed: Assoc. Secretary/Registrar
Date:	Date:

For ICRF Registrar's Use Below this Line

Date Rec.:	Reg. No.:	Expiry Date:	Code of Ethics No. on Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	GV / ANI No. on Card: Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed: ICRF Registrar		Date:		