



Registration Form

- Use this Form for **First Time Registrations, Registration Renewals, Club Transfers** and for **Lost Card Replacements** and indicate below which one applies.
- 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.
- Please include **1 Passport Size Photograph** with your **NAME** and **CLUB** clearly written on the reverse.
- GDPR** – Do not forget to complete the GDPR section of the form located at the bottom of the page.
- 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.
- Please include the Appropriate Registration Fee (€10.00)
- For **Adults**, Registration is valid for 5 years. For **Applicants Under 18**, Registration is valid for 3 years.
- The completed form must be sent to your **Association Registrar/Secretary** for verification of documentation.
- Then send the Completed & Verified Form, Photo & Fee to ICRF Registrar:

- **Marguerite Carley, ICRF Registrar, Ballaharron Lane, Newcastle Upper, Crossabeg, Co. Wexford**



For Guidance only

Maximum Photo Size

Nature of this application (Tick ✓ One):

First Time Registration Renewal Club Transfer Lost Card Replacement

Name:	Club:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	In the event of a Club Transfer Application , Name of Previous Club:
Date of Birth:	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)
 With regard to Coastal Rowing specifically, Have you been Garda Vetted Yes <input type="checkbox"/> No <input type="checkbox"/> or Access NI Vetted ?	Vetting No. (last 4 digits only)	Expiry Date (if Any)

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 Constitution, 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 I have examined the documentation supplied to me with this form & I confirm that the Date of Birth supplied above corresponds to that shown on said documentation and I am satisfied with its authenticity. I hereby propose the applicant for Registration with the I.C.R.F.
Signed: Applicant	Signed: Assoc. Secretary/Registrar
If the applicant is under 18 years of age, a Parent or Legal Guardian must sign.	
Date:	Date:

General Data Protection Regulation - (GDPR) *This Section must be read and completed in every instance*

- ◆ The **Irish Coastal Rowing Federation** takes your personal privacy very seriously and we will only use your personal information in relation to your membership of the ICRF.
- ◆ The Irish Coastal Rowing Federation will not divulge any of your personal data to any third party.
 - Do you authorise the ICRF to retain this Data for the purpose stated above? Yes No
- ◆ The ICRF's Data Protection Policy is available at: <http://www.coastalrowing.net/coastal-rowing-ireland/Data-Protection>

Signed:

Date:

ICRF Use Below Here

Date Rec.:	Fee Received:	Date Card Issued:	Signed: ICRF Secretary
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