

Newark Rugby Football Club

Mini, Youth & Girls Membership Form 2017/18 Season

Please complete all fields on this form

Players Details

Surname,		Age Group	U
First Name		Date of Birth (dd/mm/yyyy)	
Address		Male / Female	
		School	
		School Year (2017/18)	
Postcode		Name of any previous Club	

Please indicate any medical conditions of which we should be aware (e.g. allergies, asthma etc.)

Membership	£110 Parent & 1 Child	£170 Parent & 2+ Children	
Club Membership paid with this player?	Yes <input type="checkbox"/> No <input type="checkbox"/>	CASH, CHEQUE, CARD	
If NO, details of sibling paying membership fee	Age Group	U	Name
(Separate form must be completed for Sibling)			

Parental Details	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	This person will be registered as an emergency contact.	
Surname		Home Telephone Number	
First Name		Mobile Telephone Number	
Address		E-mail address	
		Date of Birth (dd/mm/yyyy)	
		Senior Player	YES/NO
Postcode		Qualified Referee/Coach	YES/NO
	Same as players	Qualified First Aider	YES/NO
Parent Profession:		SKILLS: Do you have any skills you can offer the Club? Club Admin, Coaching, Parent Helper, Fundraising Events	
Alternative Contact: Name		Address	
Mobile Number		Relation to Player	

Sponsorship

Are you interested in advertising in our match day programme?	
Are you interested in a pitchside sponsorship Board?	
Are you interested in a table on our Sponsored Lunch 1 st XV Team Games?	

Club Website:

You will need to become a member of the club website for all club news, fixtures and team selection, visit:
www.newarkrugby.com

DATA PROTECTION: I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by Newark RUFC and that I consent to the holding, use and disclosure of this data.

PHOTOS / VIDEO: I consent to the photographing / videoing and publication of images of the above named player under the RFU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.

PARENTAL CARE: I understand that I or a nominated person will remain within the club premises whilst my child is playing, whether at home or away. **This is vital in the event of sickness or accident.**

MEDICAL CONSENT: In the event of an accident or injury where the coach / administrator is unable to contact either of the contacts named above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.

Print Name:	Signature:	Date:
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