

WEYMOUTH RFC MINI & YOUTH and WOMEN'S SECTION.

Combined Club Registration, Medical, Junior & Family Associate Application 2011/12

Membership includes Associate Family Membership for Parents/siblings/partners.

MEMBER DETAILS

NAME..... DOB.....
Address.....
..... Postcode.....
Home Tel..... Mobile.....
M&Y only - School School Year.....

PHOTOGRAPHIC PERMISSION.

I(PARENT/GUARDIAN/MEMBER)

Consent/do not consent to the photographing/filming and publication of images of

.....(MEMBER) under the RFUs Policy and Procedures for the Safeguarding of Young People in Rugby Union, and I confirm that I am legally entitled to give this consent.

I understand that pictures may be taken for training or publicity purposes and give/do not give my permission for these pictures to be displayed or published. I also confirm that he/she is not the subject of a Court Order.

Signed..... Date.....

FAMILY ASSOCIATES.

Parents/Guardians/Partners.....

Siblings inc ages (under 18).....

Address/tel if different to above.....

e-mail(please print clearly).....

We will only use email addresses to keep members informed of Club events + activities in will not pass on to any other party.

CONTINUED OVERLEAF.

MEDICAL AND EMERGENCY CONTACT DETAILS.

Medical Conditions (ie Asthma).....

Details of regular medication.....

Allergies.....

GP Name & Practice.....

Emergency Contact (name/tel/relationship).....

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EMERGENCY PERMISSION. (PLEASE TICK) In the event of an accident or emergency I give my permission for any member of Weymouth RFC Volunteer staff to administer First Aid as required and if necessary to accompany my child to hospital for treatment in my absence. ()

GIFT AID DECLARATION.

I confirm that I am a UK taxpayer and that Weymouth RFC can reclaim tax payable on any fees and/or donations paid by me. ()

CODES OF CONDUCT.

I have read and understood the Published Codes of Conduct and agree to ensure that both I and my family will abide by them. I agree to ensure that my child / I will abide by the Code of Conduct for Players. ().

Signed.....(Parent/Guardian/Member)

Date.....