



EAST GRINSTEAD RUGBY FOOTBALL CLUB

Junior / Youth / Family Membership – Season 20 ___/___
New / Renewal (delete as appropriate)

FAMILY DETAILS

Parent / Guardian's Title : Mr / Mrs / Miss / Other _____
Surname : _____
First names : _____
E-mail : _____
Address : _____
: _____ Post Code: _____
Telephone Nos. Home : _____ Work : _____
Mobile : _____
Emergency Contact : _____ Tel. No : _____

PLAYER DETAILS

Player No 1 : Surname _____ First names _____
Team _____ Date of Birth _____
Player No 2 : Surname _____ First names _____
Team _____ Date of Birth _____
Player No 3 : Surname _____ First names _____
Team _____ Date of Birth _____

Medical details that the club should be aware of in the case of injury or other emergency

Declaration :

- I am aware of the Club's Child Protection & Welfare Policy and of my responsibilities as a Parent or Guardian.
- I consent to the photographing/videoing and to the publication of images of the above proposed Player(s) but only in relation to their involvement in Rugby Union Football, in accordance with the Rugby Football Union's Child Protection & Best Practice Guidelines. I confirm that I am legally entitled to give this consent.
- I confirm that the above proposed Player(s) are not under a court order of any kind.
- I authorise, in my absence, any appointed Club coach to take appropriate action in the event of injury or accident involving the above proposed Player(s).

Parent's / Guardian's Signature

CLUB USE ONLY

Subscription Paid : £ _____ (A / M) Membership No : _____

Method of payment : Cash / Cheque / Credit Card / Debit Card / Standing Order

Received by : _____ Signature : _____ Date: _____