



# Mini and Junior Section – Season 2011/2012 Registration Form

I would like my child (insert details below) to join the Mini/Junior sessions held at Farnborough Rugby Club and other club grounds. Any child who has not yet reached their 6th birthday must be accompanied by a parent or guardian at all times. I understand that the Club, its' servants and agents are not under any liability whatsoever for the loss of property, accidents of or to my child however caused during the course of training, preparation or matches at Farnborough RFC or other grounds. Additionally, I consent to Farnborough RFC photographing/videoing/publication of images under the RFU's Child Protection and Best Practice guidelines and I confirm that I am legally entitled to give this consent and that the named child below is not under a court order. All details will be held by your coaches and the registration secretary on a PC and used to complete forms and send mailings.

New players who are not yet registered with the RFU must also complete an RFU registration form and provide 2 passport sized photographs along with a copy of their birth certificate. Subscriptions for the eldest child will be £45.00 for the season, or £35.00 for the second, or £90.00 for three or more children from each family. Cheques made payable to "Farnborough RFC M&J".

For Enquiries contact : Steve White 07986 672 223 Registration Secretary

**Age Group this Season** U **HRFU** \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home / Mobile Phone No \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

\*e-mail Address \* \_\_\_\_\_

\* please ensure you include a valid e-mail address as information about matches etc. will only be via email \*

School/College attended \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Previous Rugby Club/s \_\_\_\_\_

Playing Position \_\_\_\_\_

Tetanus Jab/Booster in the last 5 years ? Yes/No  
(As recommended by RFU)

Membership Fee £45 / £35 / £90 Paid Csh/Chq

For New Players only : Birth Certificate Seen ? Yes/No

Photographs Provided ? Yes/No

Do you consent for First Aid to be administered to your child if required? Yes/No

Have you signed the First Aid Consent Form ? Yes/No

Signature of Parent/Guardian \_\_\_\_\_

Signed on behalf of Farnborough RFC Name Steve White  
Position Registration Sec Signature \_\_\_\_\_



## Mini and Junior Section – Season 2011/2012 Medical Consent

Due to the nature of the game of rugby, injuries can sometimes occur. The club organises first-aid training for coaches but it is a legal requirement that parental/guardian permission should be obtained before a first aider can carry out first-aid on an injured minor. As parents are not always present during training and/or matches we would be grateful if you could complete the form below and give to your team coach. These details will be held by your coaches and the registration secretary on a PC and used to complete forms and send mailings.

For Enquiries contact : Steve White 07986 672 223 Registration Secretary

**Age Group this Season** U

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home / Mobile Phone No \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Medical Card Number \_\_\_\_\_

Brief Details of any pre-existing medical condition, including allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give consent to Farnborough RFC administering medical attention to my aforementioned child.

Parent/Guardian's Signature \_\_\_\_\_

# RUGBY FOOTBALL UNION

## YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known)

This form should be completed for all players within the club who have **NOT** previously registered with the **RFU**, are re-registering or have data amendments.

Please complete each section in **BLOCK CAPITALS** and return to your Club Registration Officer along with **TWO** passport size photographs. Please tick where appropriate  **New Registration**  **Re-registration**  **Data Amendment**  **Club Transfer**

**First Names:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Home Address:**

Postcode: \_\_\_\_\_

**Male/Female**

**Home Tel:**

**Mobile Tel:**

**Email address:**

**Ethnic Origin** (Please tick (✓) where appropriate):-

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Asian and Asian British: Indian     | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> White: Irish   | <input type="checkbox"/> Mixed: White & Black African   | <input type="checkbox"/> Asian and Asian British: Pakistan   | <input type="checkbox"/> Black or Black British: Africa    |
| <input type="checkbox"/> White: Other   | <input type="checkbox"/> Mixed: White & Asian           | <input type="checkbox"/> Asian and Asian British: Bangladesh | <input type="checkbox"/> Black or Black British: Other     |
| <input type="checkbox"/> Chinese        | <input type="checkbox"/> Mixed: Other                   | <input type="checkbox"/> Asian and Asian British: Other      | <input type="checkbox"/> Other Ethnic Group                |

Previous Rugby Club (if any)

**Representative Playing History** (please give dates etc., using a separate sheet if necessary)

**Playing Position:**  Unspecified  Front Row  Forward  Back **Plays at school:**  Yes  No

**Medical Conditions/allergies** (Asthma, Epilepsy, Allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).

**Name of Parent/Guardian:-**

**D.O.B.**

**Address of Parent/Guardian** (if different from above):

Postcode: \_\_\_\_\_

**Contact Telephone Number:**

**Email address:**

**School/Education Establishment Name and Address:**

Contact Number:

Postcode:

### DATA PROTECTION

The RFU is fully aware that some people will only want to receive information from the RFU on rugby issues and, therefore, you can ensure that you only receive this type of information by ticking the appropriate boxes below. However, some people will want to receive other information and, therefore, there are three options set out below.

If you do or do not wish to receive certain types of data, you should tick the appropriate box below; the RFU may also use such personal data for the following purposes:

- to send you by electronic mail (including email, SMS or image messages, etc) information about our official sponsors, their associated companies and their products and services which may be of interest to you.  
Tick here if you **do** wish to receive such information
- to send you by electronic mail (including email, SMS or image messages, etc) other information about RFU tickets, products, special offers, opportunities and related service which may be of interest to you e.g. TEL, RFU Travel, The Rugby Store etc.  
Tick here if you **do not** want to receive such information
- to pass your details to our official sponsors, who may use them now or in the future and to keep you informed by post of their products and services and to compile market research information and statistics, e.g. Nike, O2, Ford, etc.  
Tick here if you **do not** wish to receive such information

I declare that the above is correct. In signing this form I agree that the above named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of:

..... Rugby Football Club  
PLEASE STATE CURRENT CLUB

Signed (player):

Date:

Signed (parent / guardian):

Date:

Countersigned (Club Official):

Date: