



Mini and Junior Section – Season 2010/2011 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 : David Crofts 0787 900 1866 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 David Crofts Position Registration Sec Signature _____



Mini and Junior Section – Season 2010/2011 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 : David Crofts 0787 900 1866 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: