



St Neots Mini & Junior Rugby Club

Membership Application

We are very pleased to welcome you to St. Neots Rugby Club.

The membership fees for players are as follows:

1st player £35.00; 2nd player: £25.00; any further players free

Non Playing Junior Membership of the Rugby Club is required for each family at a cost of **£22.00**. If you are already a member of the senior club please tick here and insert your name _____.

If you are not already registered please complete the separate membership form for Non playing junior membership of the senior club and hand back with this membership form.

Please confirm the amount of payment attached: _____

Please make all cheques payable to St Neots Mini & Junior Rugby Club

PARENT/CARERS INFORMATION

Name of Main Contact: _____

Correspondence Address: _____

Main Contact number: _____

Alternative contact number: _____

(in an emergency if above number not to be used)

Contact email: _____

For RFU insurance purposes your child **MUST** be registered with the RFU. If your child is not yet registered, two passport size photographs are required. An East Midlands RFU identity card will be issued with an RFU Player Identity Number. This only needs to be completed once in their playing career with us.

If you would like to offer your assistance to the club, when needed, please complete the details below. We look forward to your involvement and support.

Parent Age Co-ordinator Yes No

Are you qualified to administer First Aid and would you be willing to assist at matches and tournaments? Yes No

AGREEMENT

- By returning this completed form, I agree to my child in my care to take part in the activities of the club. I agree to inform my child's Coach if any details, including contact details, change. I will not hold the Coach or nominated St Neots Rugby Club representative accountable for any consequences as a result of my failure to do so. I give permission for him/her to undertake trips to away matches and to other activities connected with the club.
- I agree that as the parent/carer the player and I will abide by the code of conduct and any rules specified by the club.
- St Neots Rugby Club, its officers, agents or employees are under no liability whatsoever for the loss of any property during the course of training or matches played at St Neots or any other ground.



St Neots Mini & Junior Rugby Club

Membership Application

PLAYER INFORMATION

Full Name: _____

Male Female Date of birth: _____ School: _____

Mobile (if any): _____ Ethnic origin (optional): _____

Email (if any): _____ RFU Number (if known): _____

St Neots Rugby Club would occasionally like to promote the rugby club; to do so pictures of teams in newspapers or promotional material are used, however St Neots Rugby Club need to ensure your express permission. Therefore can you please complete below to confirm whether you consent or withhold your consent for pictures to be used of your child when they are involved in rugby with St Neots rugby club.

I confirm I agree to the photographing and/or videoing and publication of images of the above named player Yes No

MEDICAL INFORMATION

Please answer all the questions below and provide any relevant medical information. This information is strictly confidential.

My child is asthmatic and is allowed to use his/her inhaler: Yes No

I agree to my child being given the following by a qualified emergency first responder:

Paracetamol: Yes No Ibuprofen: Yes No

My child is allergic to the following: _____

My child takes the following medication on a regular basis: _____

Other medical conditions that coaching staff should be aware of:

Does this player have a valid Tetanus? Yes No

Is this player disabled? Yes No

SIGNED: _____

DATE: _____

I, _____ being the parent / guardian of the above named child, hereby give the Coach or any other nominated St Neots Rugby Club representative, coaching or supervising my child at the relevant time, and only in my absence, consent for medical treatment to be administered, including anesthetic or any other urgent medical treatment which may include blood transfusions and intrusive surgery, should this be considered necessary by the qualified medical staff tending to him or her. I understand that such treatment will only be considered if delay is considered to be life threatening in the opinion of the qualified medical staff in attendance. I understand that every reasonable endeavour shall be made to contact me, or any other person I nominate.

SIGNED: _____ **DATE:** _____