



**Biggleswade RUFC
Mini, Youth & Colt
Rugby Membership Application
2017/2018 Season**

Players Details		Age Group:	
Surname:		Date of Birth:	
First Name		Male/Female	
Address:		School:	
		School Year:	
Postcode:		Name of any Previous Club	
Please indicate any medical condition of which we should be aware			
Membership	Please indicate the type of membership required:		
	Family £130	<input type="checkbox"/>	<input type="checkbox"/>
	Additional Child £10	<input type="checkbox"/>	Students and Unemployed £80 <input type="checkbox"/>
Parental Details	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/> <small>This person will be registered as a member of the Main Club. This person will be registered as an emergency contact.</small>
Surname:		Home Telephone Number	
First Name:		Title <input type="checkbox"/>	Mobile Telephone Number
Address:		Home Email Address	
		Qualified First Aider & Level?	
Post Code:		Qualified Referee & Level?	
Local Business: Do you own a local business? If so please detail:			
Skills: Do you have any skills you can offer the Club? If so please detail:			
Parental Details	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/> <small>This person will be registered as an emergency contact.</small>
Surname:		Home Telephone Number	
First Name:		Title: <input type="checkbox"/>	Mobile Telephone Number
Address:		Home Email Address	
		Qualified First Aider & Level?	
Post Code:		Qualified Referee & Level?	
Local Business: Do you own a local business? If so please detail:			
Skills: Do you have any skills you can offer the Club? If so please detail:			
Parents/Guardians remain responsible for the children at all times. If you plan to leave the ground then you must arrange for another adult to take responsibility and you must inform the senior age group coach or administrator. This is vital in the event of sickness or accident.			
Data Protection: I acknowledge that I am aware of the purpose of which the data set out above is to be held, used and disclosed by BRUFC and that I consent to the holding, use and disclosure of this data.			
Photos/Video: I consent to the photographing/videoing and publication of images of the above named player under the RGU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. <i>If the above named player is CLA or you do not consent for photos/videos to be taken, please inform your child's coach and the RFU safeguarding officer.</i>			
Gift Aid: I hereby confirm that I am a UK taxpayer in the current tax year and expect to be in forthcoming tax years. I will notify the Club if this ceases to be the case. I wish the Club to treat my payment in respect of this registration as a Gift Aid payment. <i>If you do not consent to this please inform the membership secretary.</i>			
Parental Care: I understand that I or a nominated person will remain within the club premises whilst my child is playing, whether at home or away.			
Medical Consent: In the event of an accident or injury where the coach/administrator is unable to contact either of the contacts names above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.			
Print Name:		Signature:	Date:
For Membership Secretary Use:			
Paid On:		Method:	Comments: