



Madras Rugby Club - Youth Membership Form

Madras Blues Midi Rugby



Membership Fees for 2017/18 Season:

£65 per child

£105.00 for family membership of Madras Rugby

(Family membership = Any 3 person combination – Madrascals, Blues, Senior, Coach etc but only 1 voting right per family membership)

Please complete and return this form (one for each Youth Rugby member) together with the appropriate membership fees to the Treasurer/ Secretary as soon as possible. N.B. Until membership fees are paid a Youth Member is not fully insured under the SRU Insurance Policy and will not be considered for team selection.

Cheques should be made payable to "Madras Rugby Club"

Details of Youth Rugby Member		
(Please complete in Block Capitals)	Forename	Surname
Name of child:		
Date of Birth:		M / F
School attended:		
Secondary Year 1 2 3 4 5 6 (circle)		

Parents' or Guardians' Details		
	Parent 1	Parent 2
Forename:		
Surname:		
Contact Details:		
Addresses		
Home 'phone number		
Mobile 'phone number		
Emergency contact number (for use when above numbers have not worked):		
Email Address:		
Occupation:		
Are you willing to help? As a club we rely entirely upon volunteers for the club to operate. Would you join in?		
Please indicate below which categories you as a Parent/Guardian would be willing to help out with the running of the Club. The categories are:		
Coaching <input type="checkbox"/>	Transport <input type="checkbox"/>	Catering <input type="checkbox"/>
Fund raising <input type="checkbox"/>	Committee Work <input type="checkbox"/>	Sponsorship <input type="checkbox"/>
No rugby knowledge is necessary and it's great fun to get involved in some way so, please, tick at least one of the categories, thank you.		
Previous Rugby Experience?		

I would like my child to join the Madras Midi Rugby

I understand that the coaches and officials are under no liability whatsoever for loss of property, accidents or injuries of or to my child, however caused during the course of training, preparation, coaching, or matches played at Station Park or at other grounds.

Signature of Parent/ Guardian: _____ **Date:** ____/____/____

Medical conditions. Please complete the details below. It is important that the coaching staff is aware of any medical condition that the player may have, to ensure the player's welfare is protected while in the company of the Madras Blues All information supplied will be treated with the strictest confidence. Any concerns should be discussed with members of the coaching team or our Child Protection Officer.

(* - Delete as necessary)

Does the player suffer from a condition that requires medication? YES / NO*

Condition: _____

Medication taken: _____

Does the player suffer from a condition that his/her coach should be aware of? YES / NO*

Condition: _____

Matters to look out for: _____

Is the player allergic to any medication or food? YES / NO*

If yes, please give details: _____

G.P.'s Name and Address:

Medical Declaration:

I consent to the player receiving first aid, medical treatment and care as appropriate and I undertake to inform the coach in charge and the club secretary as soon as possible of any change in these circumstances.

Photograph & Video Consent:

I give permission for photographs/video to be taken of the player during activities organized by or for Madras Rugby club, and that they may be used for advertising, promotion, analysis or on the club website(s).

Player's Details Consent:

I agree that Madras Rugby may pass details of the player to the Scottish Rugby Union for the purposes of player registration and/or statistical analysis.

Signature of Parent/ Guardian: _____ **Date:** ____/____/____

Family Memberships

Please detail all parties being paid for under the Family membership scheme

Full Parental Member's Name

Full Parental Member's Email address

Spouse Member's name

Please list names of all child members below (to allow linked membership forms to be processed)