



FIVE WAYS OLD EDWARDIANS
RUGBY FOOTBALL CLUB

Junior Membership Form 2015

Welcome to Five Ways

JUNIOR PARTICIPANT DETAILS:

Name		School	
Date of Birth		School Year (i.e. Yr 9)	
Home Address			
Post Code:			
Home Telephone No.		Mobile Telephone No. (Not parents)	
E-mail contact address			Male / Female

PARENT / GUARDIAN: (first emergency contact)

Relationship - please delete – Parent / Guardian / Other _____ (i.e. carer / social worker)

First Name		Surname / Family Name	
Home Address If different from above			
Post Code:			
Home Telephone No. If different from above		Mobile Telephone No.	
E-mail contact address		Day/Work Phone No.	

ALTERNATIVE EMERGENCY CONTACT (optional): In the event the Club has to contact the next of kin (above) and he/she is unavailable, please give details of someone else we should contact in the event of an emergency.

First Name		Surname / Family Name	
Home Address			
Post Code:			
Home Telephone No.		Mobile Telephone No.	
Day/Work Phone No.		Relationship to child	

MEDICAL INFORMATION

Please detail below any relevant medical and/or behavioural information that our coaches/Safeguarding Officer should be aware of – e.g. epilepsy, asthma, diabetes, allergies etc and any medication and whether self-administered. By providing this information you are consenting the club's processing of it. If you wish to discuss any issues in private please contact our Safeguarding Officer – Laura Hill.

By signing this form:

- I give my consent that in an emergency situation, the Club may act in loco parentis, if the need arises for the administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult whom I have named earlier in this form.
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

PHOTOGRAPHS

By signing this form:

- I consent to my child's image being used in promotional publications by the Club.
(A child's name will never be included with a photograph unless permission has been sought.)

CONSENT

Relation:

Signed:

Print Name:

Date:

Please ensure you have clearly read and understand the policies of the RFU and the club as your signature confirms you agree with them. All policies are available on request at the club or can be found on our website: www.fivewaysoerfc.co.uk Further information can be found on the RFU's website: www.englandrugby.com/governance/safeguarding .

Please do ask any member of the Junior Management or the Welfare Officer if you have any questions or need further explanation.

Club Safeguarding Officer: Laura Hill – 07811 153 621 – laucrimus@googlemail.com
Junior Coordinator: Zubie Chaston – 07704 761 159 – FivewaysRFC@hotmail.com