



Birkmyre Rugby Club

Junior Section

Player Registration Form

Player Name	<input type="text"/>	Male/Female	<input type="text"/>
Date of Birth	<input type="text"/>		
School Attended	<input type="text"/>	Class	<input type="text"/>

Parent / Guardian Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Phone Number	<input type="text"/>	Mobile	<input type="text"/>
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Parent / Guardian email address	<input type="text"/>
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Player Email Address	<input type="text"/>
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NEW: As per Scottish Rugby Union Rules ALL Parents/Guardians must register their child on the SRU SCRUMS website

Instructions: <https://s3-eu-west-1.amazonaws.com/sru-files/files/Youth Player Registration Guide for Parents.pdf>

By my signature hereto I acknowledge and accept that:-

1. Rugby is a contact sport and whilst not inherently dangerous, participation can result in injury and even death;
2. On receipt of the completed registration form and subscription fee the said child will be registered as a player with Birkmyre on the Scottish Rugby Union system. This registration will entitle the child insurance cover as provided by the union. Personal injury insurance should be considered by the parents over and above the basic insurance provided.
3. I confirm that I **do/do not**† permit my child where occasion requires to play for the age groups one year older or one year younger than my child. I authorise the Birkmyre RFC coaches to select my child to play for the teams within the age ranges for which permission has been given from time to time.

Medical Declaration

1. I confirm that my said child has the following known medical conditions and/or allergies
2. I undertake to notify Birkmyre RFC of any further medical conditions and/or allergies which my said child may suffer from and/or contract during his/her membership of the said Club.
3. In the event of illness or accident, I authorise the section coach to take what action he/she thinks necessary in providing medical attention to my son/daughter.
4. I confirm that I **do/do not**† agree for photographs to be taken of my child and published on the club website or on social network sites such as facebook or Twitter

Signed	<input type="text"/>	Print Name	<input type="text"/>
	Parent / Guardian		

Date	<input type="text"/>	Subscription Paid - £75	<input type="text"/>
		Birkmyre Bank Details	

† Delete as appropriate

Sort Code: **80 22 60**
Account No: **20318668**
Please use your child's name as the Ref. in Bank payment

Birkmyre Rugby Club Rugby shirts, socks and shorts are available from Provan Sports Ltd

<https://www.pslteamsports.com/BirkmyreRFC.html>