

Player Registration Form

The information given is for the Club register for insurance purposes to enable the Club to confirm you are a registered player of Haydock A.R.L.F.C. when they are approached by the Club insurers. Please complete this form in full.

Name		Date of Birth	/	/
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Address

Postcode	
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Telephone		Email	@	
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Emergency Contacts		
Name	Relationship	Contact Number
1		
2		
3		
4		

List any Medical conditions / allergies that you feel the club / coaching staff need to be made aware of

By signing below you acknowledge acceptance of the codes of conduct that are available to view under the information tab at www.haydockrugby.co.uk. Junior players require a parent signature also.

Signed (Player)	Print (Player)	Date
Signed (Parent)	Print (Parent)	Date