

Sittingbourne Rugby Union Football Club

YOUTH MEMBERSHIP FORM 2019/2020

PERSONAL DETAILS OF PLAYER

Full Name: Date of Birth:

Home Address:

Postcode: Home Tel: Mobile Tel. No:

E-mail Address:

Current School / College

Emergency Contact Name: Relationship to Member:

Emergency Tel:

Medical Details: *Please give details of any condition, allergy or disability, which you feel we should be aware*

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Would you be willing to get involved with SRUFC by assisting the Club Committee? YES / NO

If YES, please state what voluntary role you would be interested in:

To help the club monitor membership please tick one of the following boxes to identify your ethnic group:

White Mixed Asian /Asian British Black / Black British Chinese / Other Group / Prefer Not to Say

SUBSCRIPTIONS (Includes membership of Gore Court Cricket Club and Youth Rugby subscription; please make cheques payable to "Sittingbourne Rugby Club"; to pay by bank transfer pay Sort Code: 09-01-55 Account: 70968607 with reference age group ,initial and surname (e.g. U10 F Smith). Please tick the relevant box below)

How has payment been made: Cheque Cash Bank Transfer

Under 6 <input type="checkbox"/>	£30.00
Under 7 <input type="checkbox"/> / U8 <input type="checkbox"/> / U9 <input type="checkbox"/> / U10 <input type="checkbox"/> / U11 <input type="checkbox"/> / U12 <input type="checkbox"/>	£72.50
Under 13 <input type="checkbox"/> / U14 <input type="checkbox"/> / U15 <input type="checkbox"/> / U16 <input type="checkbox"/>	£92.50
Under 17 <input type="checkbox"/> / U18 <input type="checkbox"/> / Full-time Student <input type="checkbox"/>	£102.50

PARENTAL INFORMATION (to be completed for all players under 18 yrs)

DECLARATION: I request my son/daughter to join the Youth section of Sittingbourne RUFC. I understand that, whilst great care is taken to maintain the highest standards of safety during coaching sessions and matches, Sittingbourne RUFC or any of its members can accept no liability for any loss of property, accidents or injuries, of or to my son/daughter, howsoever caused. I agree to abide by the Codes of Conduct for Parents and Spectators and other policies published on the Club website.

SAFEGUARDING: I understand Sittingbourne RUFC has appointed an officer in accordance with the guidelines produced by the RFU and our Policy is maintained in line with the current RFU recommendations. I agree to abide by these guidelines.

PHOTOGRAPHY: I understand that team, training, and match photographs or videos may be taken by persons appointed by Sittingbourne RUFC for publicity or coaching purposes (e.g. publication on the club web site, newspapers, etc). It is the Club's policy NOT to identify players individually. I understand that any photographs of Club activities I take are for personal use and must not be published or shared in any publically-available form, including social media, without permission from the Club.

TRAVEL: In my absence I give permission/do not give permission (*delete as appropriate*) for my son/daughter to travel with either the Coach or designated adult if necessary and I realise that I must take full responsibility for his/her behaviour.

MEDICAL PERMISSION: In my absence I agree / do not agree (*delete as appropriate*) to emergency treatment arising from any incident, including an anaesthetic, if required, and have given full details of relevant medical conditions in the PERSONAL DETAILS section above.

GENERAL DATA PROTECTION REGISTER: I understand the data in this form will only be made available to coaches and officers of the Club for the sole purpose of administering club events and affairs in accordance with the Club Privacy Policy Statement published on the Club website. Information for Club Members will be sent to this email address.

Parent/Guardian: (Full name) Email.....:

Signature: Date:

TERMS OF MEMBERSHIP

DECLARATION: In signing this form I hereby apply for membership of Sittingbourne RUFC (A section of Gore Court Cricket Club) and agree to adhere to the Club's Rules, Policies & Codes of Conduct. I understand that Officials, Players, Coaches Assistants & Referees must be fully paid up members to receive cover from the RFU Compulsory Insurance Policy (Death & Total Permanent Disability). The Club does not purchase cover for temporary disability or loss of earnings and it is recommended that members make their own arrangement for any such cover.

Signature of Member: Date: