

Winlaton Vulcans RFC Junior Section

Players Registration 2019-20

Child's Name: _____

DOB; ___/___/___ Age at 1st Sept; _____

Parent/Guardian Name; _____

Parent Guardian Occupation: _____

Address; _____

Telephone: _____ Alt: _____

Email: _____

Alternative Contact: _____

My preferred method for contact is* Email/home phone/alt phone/sms

Please select*

Please give all details of any health issues in allergies and any medications taken:

Family Doctor: _____ Tel: _____

School: _____

Photography Policy: (Please delete as necessary)

- I do/do not give consent for my child to have their photograph or video taken for publicity purposes

Core Values

I accept to work and play by the RFU's Core Values

Please complete and return to **Les Cash**, a new form is required at the start of each season.