

## ST AUSTELL RFC YOUTH PLAYER REGISTRATION FORM 2018/19



This form should be completed for all Youth Players within the club.  
Please complete each section in **BLOCK CAPITALS** and return to a member of the Child Welfare Team along with payment.

Please tick as appropriate  New Registration  Re-registration  
 Club Transfer  Data Amendment

Player Name:	Date of Birth: School Year from September 2018:
Home Address:	
Home Telephone Number:	Current School:
Ethnic Origin:	Previous Rugby Club (If applicable):
Playing History (Plays at school, Previous playing position etc.):	
Does the player have any medical conditions, disabilities, allergies or behavioural issues? Please provide full details:	
Parent / Carer One Name:	Parent / Carer Two Name:
Home Address:	Home Address:
Mobile Number:	Mobile Number:
Home Telephone Number:	Home Telephone Number:
email Address:	email Address:

**DATA PROTECTION**

I have read the St Austell RFC Privacy Policy and consent to my personal data being used as stated.

**EMERGENCY FIRST AID CONSENT – Please Strike Out as Appropriate**

I **Do / Do Not** give consent for emergency medical advice or treatment to be sought for the player named on this form.

I **Do / Do Not** consent for the player named on this form to be taken to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that a Parent/Guardian will be informed as soon as reasonably possible.

**MEDIA CONSENT – Please Strike Out as Appropriate**

St Austell RFC may wish to take photos or videos of teams or players solely for training, promotion and in celebration of the club’s activities.

I **Do / Do Not** consent to St Austell RFC using images of the player named on this form and referring to them by their first name only.

**CODES OF CONDUCT AND ASSOICTAED POLICIES**

St Austell RFC has a ‘Players Code of Conduct’ ‘Parents Code of Conduct’ and various youth policies that can be found at <http://www.pitchero.com/clubs/staustell> or from a member of the Child Welfare Team.

Please sign below to confirm that you have read and will abide by these policies.

<b>Player Agreement:</b>	<b>Parent / Carer One Agreement:</b>	<b>Parent / Carer Two Agreement:</b>
Signed:	Signed:	Signed:
Dated:	Dated:	Dated:

**MEMBERSHIP FEES**

Please circle which payment below is applicable to the player named on this form for the 2018/19 season. Cheques should be made payable to “St Austell RFC”. Payment by credit/debit card is welcome. Instalments are available subject to prior agreement with a member of the Child Welfare Team. This completed form along with the chosen payment method must be passed to a member of the Child Welfare Team for processing.

<b>First Player £75.00</b>	<b>Second Player £65.00</b>	<b>Third/Consecutive Player £55.00</b>
<b>Child Welfare Team Use Only:</b>		<b>Payment Record:</b>
Cash / Cheque / Card		Received by:
Receipt Issued: <b>YES / NO</b>		GMS Reference:

**REGISTRATION**

RFU ID:	Date RFU Reg:
Date Gym Reg:	VCOP Details (If applicable)