



vectis rugby club

Together we all achieve more

VECTIS RUGBY MEMBERSHIP CONTRACT 2018/2019

Season subscription is £55 for first child, £20 for the second, £15 for any subsequent children.

Players Forenames		Player's DOB (DD/MM/YYYY)	
Player's Surname		RFU No if known	
Re-registration?	YES/NO	Transfer? (If Yes state last club)	YES/NO

Declaration: I agree that:

- my child may take part in both home and away rugby fixtures.
- I acknowledge the need for obedient and responsible behaviour on his/her part.
- I will undertake to inform the coach as soon as possible of any changes to medical or contact details.
- should emergency treatment be required by my child during his/her time participating in Vectis Club matches, training or events, I unreservedly authorise you, or other coaches, to give whatever authority may be necessary to allow for any medical or surgical treatment, including anaesthetic, to be undertaken.
- I consider my child to be physically fit and capable of full participation.
- I understand the extent and limitation of the RFU insurance provided.
- I give permission for my son's/daughters/group photograph to be used in connection with the Rugby Club (no names will be released without further consent).
- I understand as a parent I will be asked to help with club activities on a voluntary basis. I would like to help with (please tick as appropriate):

Coaching	<input type="checkbox"/>
Kitchen duties	<input type="checkbox"/>
Travelling	<input type="checkbox"/>
Miscellaneous tasks	<input type="checkbox"/>

Contact number 1		Contact number 2	
Email address		Home address	
School			
Emergency contact number		Postcode	

Medical Information:

Doctors name		Doctors contact number	
Does your son/daughter suffer from any condition/allergy etc. requiring treatment and/or medication?	Yes/ No. If Yes please give details		
Is your son/daughter allergic to any medication?	Yes/ No. If Yes please give details		
Is your son/daughter's tetanus inoculation up-to-date?	Yes/ No/ Unsure		
Anything else the club should be aware of?	Yes/ No. If Yes please give details		
<p>Rugby is a sport involving inherent risk of injury. Your child's participation in Rugby may result in physical injury. Although Vectis Rugby Club will take all reasonable steps to avoid serious injuries being suffered by participants, the participants voluntarily assume the risk of injury. By signing below you confirm that you are the parent or guardian of the child listed above and have custody and control of him/her and you confirm that:</p> <ul style="list-style-type: none"> • You have read and accept the Membership Contract. • You consent to your child's participation with Vectis Rugby Club • You consent to your child being photographed/filmed whilst playing rugby, and that such photographs or films can be used in future promotional material produced by Vectis Rugby Club • You consent to trained medical practitioners caring for your child in the case of an accident. 			
Signature of Parent. Guardian		Date of signature	
Name of Parent/ Guardian			
VECTIS USE ONLY			
Date forms received		Photos	Yes/No/ NA
Monies checked	Yes/No	RFU form received	Yes/No/ NA

PLEASE RETURN THIS FORM TO YOUR AGE GROUP MANAGER OR COACH

Please note the information on this form is confidential and only used for monitoring purposes by the club