



SALTASH RUGBY FOOTBALL CLUB

Youth Player & Parent Associate Membership Form

2017/2018



Renewal of Registration / New Registration*

Player Details			
First Name:		Date of Birth:	Male / Female*
Surname:		School / Year:	
Home Address (inc Postcode):			
Medical Conditions (inc Allergies): E.g. Asthma, Epilepsy, Diabetes, Penicillin, Nuts, Latex, Plasters etc. Please give full details of any medication required.	NB: Parents/Guardians are responsible for ensuring medication is available at each training session/match.		
Siblings name other age groups:			
Parent/Guardian Details			
Name:			
Relationship to Player:			
Address:			
Home Tel:			
Mobile:			
Email:			
Saltash RFC Associate Membership			
<p>I/We agree that the player named above is bound by the laws and resolutions of the Rugby Football Union and its constituent body. I/We have read and adhere to the club/RFU Codes of Conduct and wish to become an Associate Member of Saltash RFC upon payment of subscription and as such accept that I/We have no voting rights. NB. If you would like to have voting rights at SRFC, please apply and pay for Ordinary Membership status using the form available from the Membership Secretary.</p> <p>Parent Signature: _____</p> <p>If you <u>object</u> to photography/filming/use of name of your child, please sign here: _____</p>			
TO BE COMPLETED BY COACH / MANAGER		TO BE COMPLETED BY YOUTH SECRETARY	
Payment Method:	Cash / Cheque / Post Date*	Registration No.:	
Amount Paid:	£	Approved:	
Received:		Notes:	

* Delete as applicable