



Grove Rugby Football Club Limited

Membership Form 2018/2019

Voting Members Fees		Non-voting Members Fees	
Honorary Life Member	Free	Honorary Member	Free, Appointment from Board
Senior Player	£150.00	Junior player (under 19)	£85.00
Club Member & Ladies	£70.00	Mini Player - (under 13)	£75.00
Coach	£40.00	Social Member	£30.00
Parent Member	Free	Spouse/partner	Free
Concessions (Senior Citizens, etc.) Price on Request, to Membership Secretary & Board Members Only			
DISCOUNTS awarded as follows: First playing Junior and Mini Membership includes one Parent as a Social Member or the right to apply for Parent membership; £10 discount for each additional playing Junior/Mini family member. Parent Coaches receive 50% discount from coach fee instead of the above £10. For senior players who are non-members a £5 match fee is payable.			

For all **NEW PLAYERS** and **PLAYERS REACHING JUNIOR STATUS (U14)** 2 recent passport size photos with the players' name on the reverse of each photo is required along with a completed **RFU Registration Form**. Please note **MEMBERSHIP FEE IS NON-REFUNDABLE**. Please make cheques payable to **Grove Rugby Football Club Ltd**

Title	Name		Membership Type	Rear of form completed	DOB All Players	Age Group* Mini & Junior Players	Fee
	First	Surname					
							£
							£
							£
							£
							£
							£
							£
							£
Sub Total							£
Discount							-£
Donation							£
Total							£

Official Use Only		
Payment Accepted By	Payment Type	Payment Date
	Cash/Chq/Card/On Line	

Contact Details (Please provide all the following)

Address.....Postcode.....

Home Tel: Mobile:

E-mail:

For New Members Only

By signing this form, I and all those named above or included in my membership subscription apply for membership of Grove Rugby Football Club Limited ("the Company") and agree to be bound by the Memorandum and Articles of Association of the Company and any Rules and regulations made pursuant thereto.

Signed..... Print Name..... Trade

Proposed By; Seconded By;

Print Name;..... Print Name;.....

Birth Dates			School Yr	*Group	Birth Dates			School Yr	*Group
01/09/2011	to	31/08/20012	Year 2	Under 7's	01/09/2005	to	31/08/2006	Year 8	Under 13's
01/09/2010	to	31/08/20011	Year 3	Under 8's	01/09/2004	to	31/08/2005	Year 9	Under 14's
01/09/2009	to	31/08/20010	Year 4	Under 9's	01/09/2003	to	31/08/2004	Year 10	Under 15's
01/09/2008	to	31/08/2009	Year 5	Under 10's	01/09/2002	to	31/08/2003	Year 11	Under 16's
01/09/2007	to	31/08/2008	Year 6	Under 11's	01/09/2001	to	31/08/2002	Year 12	Under 17's
01/09/2006	to	31/08/2007	Year 7	Under 12's	01/09/2000	to	31/08/2001	Year 13	Colts

I further note that, as a **member's club**, player selection and access to the facilities will be **dependent on payment of the annual subscription, which finishes each year on the date of the Annual General Meeting of the Club.**

(Please Complete Form in **Block Capitals**)

Section A - Data protection

All details supplied will be stored electronically for club use only. No information will be passed to Third Parties. Occasionally the club will send you information about events run by the club. The club may contact you to ask for help with fundraising events. Please tick the box if you **GIVE** consent for your details to be stored. Details will be destroyed after the statutory five years needed.

Photographs and/or video may be taken at matches/training for publicity and coaching purposes and may be published on the club website and in the local press. Please tick the box if you do **GIVE** consent.

Section B - To Be Filled In For Junior and Mini Membership

Medical Consent

Please tick box if you **GIVE** consent that in an emergency situation, the club may act in your place if the need arises for administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. That you also understand, in such an occurrence, all reasonable steps will be taken to contact you.

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a “physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities”

Do you consider your child to have a disability: Yes No

Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Multiple Disability	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>

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CONSENT

I agree for my son/daughter to take part in the activities of the club. I agree we will abide by the Rules and Constitution of the club. I understand in the event of injury or illness all reasonable steps will be made to contact me and deal with that injury/illness appropriately.

Name of Parent / Carer / Member:

Parent/Carer Signature: Date: