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**Membership Form: Families 2018 / 19 season**

|  |  |  |
| --- | --- | --- |
|  | First name | Second Name |
| Parent Name (primary contact) |  |  |
| Date of Birth |  | |
| E mail address |  | |
| Telephone number |  | |
| Address |  | |
|  |  | |
|  |  | |
| County |  | |
| Post Code |  | |
| Occupation |  | |
| Please detail any medical information, allergies or injuries that the club should be aware of, if none please enter none |  | |
|  | First Name | Second Name |
| Person for emergency contact |  |  |
| Emergency contact number |  | |

**Membership categories and fees for the 2018/2019 season are as follows.**

**Membership runs for 12 months and includes the playing season, pre season training and the close season.**

Category Annual Payment

Family with one child £150

Family with 1 child U6 £80

Family with 2 or more children £180

Vice Presidents £80

|  |  |
| --- | --- |
| Membership Category applied for |  |

**Notes**

The Club will use the data provided for the purposes of administering your participation in rugby and keeping you updated with information about the club, usually via e mail. This data will not be shared with any third parties with the exception of main club sponsors.

The Club Committee shall advise on any implications for people joining the Club for the first time, part way through the season.

Parents give their permission for photographs to be taken and used in club publicity.

I understand should medical treatment be necessary every effort will be made to obtain the consent of the emergency contact named above. However, in emergency I authorise the Coach, Team Manager, First Aider or other club official to consent on my behalf to any medical treatment which a qualified doctor or nursing staff feels is necessary (this could include inoculations/blood transfusion/surgery or use of anaesthetics).

|  |  |
| --- | --- |
| Signature |  |

**Payment**

Payments can be made by credit card, debit card, cheque or bank transfer.

Cheques payable to AKRFC - BACS payment to sort code 20 – 01 – 96 Account number 40549800

**Family membership for children**

**Membership Form: Juniors and Minis 2018 / 19 season**

|  |  |  |
| --- | --- | --- |
| **1st Player name** |  |  |
| Team |  | |
| Date of Birth |  | |
| E mail |  | |
|  |  |  |
| Please complete the medical information and consent form |  | |
| School |  | |
|  |  | |
| **2nd Player name** |  |  |
| Team |  | |
| Date of Birth |  | |
| E mail |  | |
|  |  |  |
| Please complete the medical information and consent form |  | |
| School |  | |
|  |  | |
| **3rd Player name** |  |  |
| Team |  | |
| Date of Birth |  | |
| E mail |  | |
|  |  |  |
| Please complete the medical information and consent form |  | |
| School |  | |
|  |  |  |
|  | First Name | Second Name |
| **Parent 2** |  |  |
| E mail |  | |
| contact number |  | |
| Occupation |  | |
| Please detail any medical information, allergies or injuries that the club should be aware of, if none please enter none |  | |
|  | First Name | Second Name |
| Person for emergency contact |  |  |
| Emergency contact number |  | |