



Deal Betteshanger & Walmer Rugby Sports & Social Club Ltd

Under 18s Membership Application Form 2023/2024

Please print out and complete this application form in full, and return it with your subscription to:
Members Secretary, Deal & Betteshanger Rugby Club, The Drill Field, Canada Road, Deal, CT14 7EJ

Proof of age (preferably a birth certificate) required for membership

Membership Type	Fee
Youth (First Child) U12-U17	£120.00
Mini (First Child) U6-U11	£100.00
Cubs 3-6 years	£80.00
Siblings (applies to youngest member)	£20.00

Name..... Date of Birth.....

Address..... Post Code.....

Team..... School Year.....

Sibling Name..... Date of Birth.....

Team..... School Year.....

Continue overleaf if necessary

Parent/Guardian.....

Emergency Contact.....

Email.....

All communications about upcoming events will only be via email, Facebook and the Club's website. If you do not wish to receive communications from the Club please tick the box

I apply for membership of Deal Betteshanger & Walmer Rugby Sports and Social Club Ltd., and agree to abide by the Club rules. I enclose cash/a cheque made payable to Deal & Betteshanger Rugby Club for £.....

Signature..... Date.....

HSBC Sort Code: 40-19-10 Account No: 91392182
(IF PAYING VIA BANK USE SURNAME AND SQUAD AS REFERENCE EG SMITHU12)



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Sibling Name..... Date of Birth.....

Team.....School Year.....

Sibling Name..... Date of Birth.....

Team.....School Year.....



Contact Details and Medical Consent
(SEPARATE FORM FOR EACH CHILD)
Season 2023/2024

First Name		Surname		Age Group	
Date of Birth				RFU Number (if known)	

Full Name of Parent/ Guardian					
Parent Date of Birth (Required for registration)					
Home Address				Post Code	

Contact Details

Your coach may need to tell you about changes to matches, training etc.

Contact Name(s)	
Relationship to child	
Emergency Contact Number(s)	
Email Address	

Medical Details

Conditions / Allergies	
If you are currently taking any medication, please list it here	
Please give your doctor's details in case of emergency	Doctor's Name _____ Phone Number _____ Surgery _____



Medical Consent
(SEPARATE FORM FOR EACH CHILD PLEASE)
Season 2023/2024

	Parent/Guardian please sign and date both boxes
I consent / do not consent (please delete as appropriate) to the photography/videoing and publication of images of my child under the RFU's child protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent	
I am aware that mouth guards are compulsory for U9s and above and shin pads (not rigid "football types") are advised	
I give consent for emergency medical advice or treatment to be sought for my son/daughter	
If my child is U6 - U11, I agree to ensure my child is accompanied at all times by a responsible adult	
I have read and agree to the terms of the spectator's "Code of Conduct"	
I am aware that the Club has a "Safeguarding Policy" and this is located in the clubhouse	
I understand that, Deal and Betteshanger Rugby Football Club, its servants, agents or employees do not accept any liability whatsoever for the loss of property, accident, or injury to the applicant caused during the course of training, coaching, preparations for matches OR matches themselves played at Deal and Betteshanger Rugby Football Club OR other grounds.	
Player please sign:	Date

Deal Betteshanger and Walmer RFC uses personal data to manage and administer membership and your involvement with the team and club and in order to keep contact with you for these purposes. Some data is shared with the RFU to regulate, develop and manage the game. This data, including medical information, will be shared with the team coach and treated as strictly confidential.