



# EASTLEIGH RUGBY FOOTBALL CLUB JUNIOR & MINI SECTION MEMBERSHIP FORM

Registered Charity No 1085791

This form must be completed and submitted to a Club Official together with a Medical Questionnaire

**(Please complete in BLOCK CAPITALS)**

<b>Surname:</b>	<b>Date of Birth:</b>
<b>First Name:</b>	<b>Male / Female:</b>
<b>Home Address:</b>	<b>Home Tel:</b>
<b>Postcode</b>	<b>Mobile:</b>
<b>Parent/Guardian Name &amp; Address</b> (if different from above)	<b>Home Tel:</b>
<b>Post Code</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Club Joining Date:</b>
<b>School:</b>	<b>Tel:</b>
<p><b>DATA PROTECTION:</b> I acknowledge that I am aware of the purpose for which the data set out above is to be held, used or disclosed by the RFU and that I consent to the holding, use or disclosure of such data.</p>	
<p><b>GIFT AID DECLARATION:</b> I confirm that I am a UK Tax Payer and I wish Eastleigh Rugby Club Junior &amp; Mini Section to treat all payments I make on or After 6<sup>th</sup> April 2010 in respect of members subscriptions as a Gift Aid Donation.</p> <p><b>Signed</b>.....</p>	
<p><b>PHOTOGRAPHY:</b> There may be times when team/action photos may be taken of your child for promotional purposes and /or the club web pages. All photos used will be used in compliance of the club and RFU Child Welfare Policy (a copy of which is available in the clubhouse or by contacting the Child Welfare Officer) Please sign if you <b>AGREE</b> to photos of your child being used in this way.</p> <p><b>Signed</b> .....</p>	
<p>I declare that the above information is correct. In signing this form, I agree that the above named player be bound by the Laws and Resolutions of the Rugby Football Union, and its constituent Bodies and the Rules of Eastleigh Rugby Club.</p> <p>By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.</p> <p>I understand that I will be kept informed of these activities – for example timing and transport details.</p> <p>I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.</p>	
<b>Signed (Player):</b>	<b>Date:</b>
<b>Signed (Parent/Guardian)</b>	<b>Date:</b>

Please return the completed form to the Junior Membership Secretary:  
Sara Tiller  
c/o Eastleigh RFC, The Hub Bishopstoke Playing Fields, Eastleigh, Hants. SO50 6LA

