

EASTLEIGH RUGBY FOOTBALL CLUB

JUNIOR & MINI SECTION

Registered Charity No 1085791

Club Registration No

This form must be completed and submitted to a Club Official together with a Medical Questionnaire
(Please complete in BLOCK CAPITALS)

Surname:	Date of Birth:
First Name:	Male / Female:
Home Address:	Home Tel:
Postcode	Mobile:
Parent/Guardian Name & Address (if different from above)	Home Tel:
Post Code	Mobile:
Email:	
School:	Tel:
<p>DATA PROTECTION: 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>GIFT AID DECLARATION: I confirm that I am a UK Tax Payer and I wish Eastleigh Rugby Club Junior & Mini Section to treat all payments I make on or After 6th April 2008 in respect of members subscriptions as a Gift Aid Donation.</p> <p>Signed.....</p>	
<p>PHOTOGRAPHY: 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 AGREE to photos of your child being used in this way.</p> <p>Signed</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. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. 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>	
Signed (Player):	Date:
Signed (Parent/Guardian)	Date:

Please return the completed form to the registrations officer-
 Sarah Kelly 63 High Street Fareham Hants PO16 7BG

**EASTLEIGH RUGBY CLUB JUNIOR & MINI SECTION
CONTACT & MEDICAL CONSENT FORM**

Please complete this form and either bring it to the club, or return it to the Registration Secretary or Coach.

CHILD'S NAME:

DATE OF BIRTH: TEAM:

Parent's/Guardian's Details:

NAME:

HOME ADDRESS.....

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POSTCODE:

TEL NO:

Address where Parents or Relatives can be contacted during the course if different from above.

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TEL NO:

Medical Details

DOCTORS NAME:

ADDRESS:

.....

TEL NO:

Does your child suffer from any regular medical condition, which may need treatment during a game or travel? YES/NO (IF YES, PLEASE GIVE DETAILS)

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Has your child been vaccinated again tetanus? YES/NO (IF YES, PLEASE GIVE DATE OF LAST INJECTION/BOOSTER IF APPLICABLE)

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Has your child any allergies? YES/NO (IF YES, PLEASE GIVE DETAILS)

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DENTIST'S NAME:

ADDRESS:

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TEL NO:

Authorisation for medical treatment - I agree to medical and dental treatment being given to my child if required, including the administration of a general anaesthetic and to surgical operation in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed: Date: