



Minis, Juniors & Colts Membership Application/Renewal - 2020/2021

1st August 2020 to 31st July 2021

RUGBY FOOTBALL UNION YOUNG PLAYER REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Type of Membership - (Tick Box as appropriate)

- £120 - Minis, Juniors & Colts (one adult and children)
- £150 - Minis, Juniors & Colts (two related adults and children - 1st adult has voting rights) Four
- Week Trial Start Date ___/___/___ End Date ___/___/___

Payment Method (Tick Box below as appropriate)

- Cash Card Cheque Bank Transfer Paypal

Payment Date

Bank Transfer: - Account Name: **Sale Football Club**, Sort Code **20-01-96** Account No. **10217859**

Use the name of 1st Adult Member as the reference for bank transfer, failure to do so will delay membership

Adult Membership details

1st Adult Name _____ Date of Birth _____

2nd Adult Name _____ Date of Birth _____

Address _____ Post Code _____

Home Tel No _____ Mobile No _____

E-Mail address _____

Members Occupation _____

Mini & Junior Member Details

Surname	First Name	DOB	Gender	Renewal or New	RFU No.

The RFU and our club will use the data provided in your Registration Form for the purposes of administering the player registration system in accordance with the Registration of Players Regulations and Operating Procedures and for the purposes of administering your participation in rugby and giving you information about rugby. An opt-out style has been agreed and subject to your election. If you do not wish to receive certain types of data you should tick the appropriate box below; the RFU may also use such personal data for the following purposes:

To send you by post and electronic mail (including email, SMS or image messages etc.) other information about our official partners, tickets, products, special offers, opportunities and services provided by the RFU and its group which may be of interest to you. Tick here if you do not want to receive such information.

To send you the clubs weekly newsletter to you. Tick here if you do not want to receive this publication.

Signed (Parent/Guardian) _____ Date: _____



PARENT/GUARDIAN
YOUNG PERSON PERMISSION FORM
MEDICAL/PHOTOGRAPHY

Are there any medical conditions we should be aware of? Yes/No If yes, please put in the box below					
Declaration. I will inform the age group coach as soon as possible of any changes in the medical or other circumstances					
Contact Numbers:					
Work		Home		Mobile	
Home Address					
Alternative emergency contact:					
Name and address of family doctor:					
Telephone Number					
Signed					
Print Name					Parent / Legal Guardian

FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

I _____ (insert parent/carer full name)
consent/do not consent to the photographing/videoing and publication of images of
_____ (name of young person) under the
RFU's Child Protection and Best Practice guidelines and I confirm that I am legally entitled to give this consent.

I also confirm that (name of young person) _____ is not under a court order

Signature: _____ **Date:** _____