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STAFFORD RUGBY UNION FOOTBALL CLUB

APPLICATION FOR JUNIOR MEMBERSHIP (£35.00 for payment before 2nd Sept 2007, £40.00 after that date) 2 passport size photos are required

I hereby apply for junior membership of Stafford Rugby Club. I agree to be bound by the rules of membership of the Club

Name

Date of Birth

Address

Postcode

Telephone No

Mobile No

Email Address

School

RFU Registration No

Medical conditions/Allergies (Asthma, Epilepsy, Allergy to Penicillin etc.) Please give full details using a separate sheet if necessary

Medical Condition

Parent or Guardian

I am aware of the above application for Membership and hereby give my consent to the enrolment of my child as a playing member. I understand that the Insurance provided by the Club is for Loss of Life or Permanent Disablement only. Should I require additional cover, I will make the necessary arrangements with an insurer of my choice.

* **I consent/do not consent** to the above being given medical treatment as deemed necessary by a doctor if I am not available

* **I consent/do not consent** to the photographing/videoing of the person registered above under the RFU Child Protection and Best Practice guidelines, and I confirm that I am legally entitled to give this consent. I understand that this consent covers all games/training sessions/festivals which may take place throughout the season 2007/2008. I also confirm the above registered person is not under a court order.

* **delete as applicable**

Signature _____ Date _____

Please print full name _____
(Please make cheques payable to Stafford RUFC)

The Junior Committee would like to invite you to come and watch your son or daughter train and play rugby on Sunday mornings throughout the season. There are refreshments available most Sundays and the bar opens at 12:00. The Rugby Club welcomes Social/Non-Playing members and any Junior Committee member will be pleased to give you an application form.