

Bromyard Rugby Football Club

Clive Richards Sports Ground, Instone, Bromyard, Herefordshire, HR7 4LW
Telephone: 01885 483933

REGISTRATION FORM 2011/12

Membership Fee:

£20 (to include £2 membership of Bromyard Sports Foundation)

£10 per child thereafter

Match Fees: £2 home and away

RFU Registration Number:	
Player's Name:	
Date of Birth:	
Name of Parents/Guardians:	
Address and Postcode:	
Contact Numbers:	
Email Address:	
Age	

Medical Conditions/Allergies

None ___ Asthma ___ Epilepsy ___ Allergies ___ Other _____

Please give full details using separate sheet if necessary of any medical or other conditions that Bromyard RFC should be aware of to ensure the health and safety of your child whilst under our care.

Medical Treatment:

I agree that if it is necessary for my child to receive first aid or other medical treatment whilst taking part in organised activities with Bromyard RFC or at other locations whilst supervised by Bromyard RFC's representatives that this is given without delay.

Parental/Guardian agreement:

I declare that the above information is correct. In signing this form I agree that the above named player will be bound by the rules and constitutions of Bromyard RFC. I also agree to be bound by the parents' and supporters' codes of conduct whilst engaged in supporters' activities. I understand that these codes are available at www.bromyardrfc.co.uk or a copy will be supplied upon request.

I consent to the photographing and publication of images of the above named player under Bromyard RFC's best practice guidelines. I understand that Bromyard RFC will take all reasonable steps to ensure these images are used solely for the purpose they are intended, which is the promotion and celebration of activities by Bromyard RFC.

I also confirm that the above named child is not under a court order.

I am happy for my child to play up an age group if required (strictly within RFU guidelines).

Signed

Date

DATA PROTECTION: The information provided on this form will not be held any longer than is necessary and will only be used for administration purposes by Bromyard RFC.

RUGBY FOOTBALL UNION

YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known)

This form should be completed for all players within the club who have **NOT** previously registered with the **RFU**, are re-registering or have data amendments.

Please complete each section in **BLOCK CAPITALS** and return to your Club Registration Officer along with **TWO** passport size photographs. Please tick where appropriate **New Registration** **Re-registration** **Data Amendment** **Club Transfer**

First Names:	Surname:	D.O.B.:
Home Address:		
Postcode:		
Male/Female	Home Tel:	Mobile Tel:
Email address:		
Ethnic Origin (Please tick (✓) where appropriate):-		
<input type="checkbox"/> White: British	<input type="checkbox"/> Mixed: White & Black Caribbean	<input type="checkbox"/> Asian and Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Mixed: White & Black African	<input type="checkbox"/> Asian and Asian British: Pakistan
<input type="checkbox"/> White: Other	<input type="checkbox"/> Mixed: White & Asian	<input type="checkbox"/> Asian and Asian British: Bangladesh
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Asian and Asian British: Other
		<input type="checkbox"/> Black or Black British: Caribbean
		<input type="checkbox"/> Black or Black British: Africa
		<input type="checkbox"/> Black or Black British: Other
		<input type="checkbox"/> Other Ethnic Group
Previous Rugby Club (if any)	Representative Playing History (please give dates etc., using a separate sheet if necessary)	
Playing Position: <input type="checkbox"/> Unspecified <input type="checkbox"/> Front Row <input type="checkbox"/> Forward <input type="checkbox"/> Back Plays at school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Conditions/allergies (Asthma, Epilepsy, Allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).		
Name of Parent/Guardian:-	D.O.B.	
Address of Parent/Guardian (if different from above):		
Postcode:		
Contact Telephone Number:	Email address:	
School/Education Establishment Name and Address:		
Contact Number:	Postcode:	
DATA PROTECTION		
<p>The RFU is fully aware that some people will only want to receive information from the RFU on rugby issues and, therefore, you can ensure that you only receive this type of information by ticking the appropriate boxes below. However, some people will want to receive other information and, therefore, there are three options set out below.</p> <p>If you do or 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:</p> <ul style="list-style-type: none"> • to send you by electronic mail (including email, SMS or image messages, etc) information about our official sponsors, their associated companies and their products and services which may be of interest to you. Tick here if you do wish to receive such information <input type="checkbox"/> • to send you by electronic mail (including email, SMS or image messages, etc) other information about RFU tickets, products, special offers, opportunities and related service which may be of interest to you e.g. TEL, RFU Travel, The Rugby Store etc. Tick here if you do not want to receive such information <input type="checkbox"/> • to pass your details to our official sponsors, who may use them now or in the future and to keep you informed by post of their products and services and to compile market research information and statistics, e.g. Nike, O2, Ford, etc. Tick here if you do not wish to receive such information <input type="checkbox"/> 		
I declare that the above is correct. In signing this form I agree that the above named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of:		
.....		Rugby Football Club
PLEASE STATE CURRENT CLUB		
Signed (player):	Date:	
Signed (parent / guardian):	Date:	
Countersigned (Club Official):	Date:	