



2011/12
Season

Player/Youth Membership And Registration

A REGISTRATION FORM MUST BE FULLY COMPLETED FOR EACH CHILD AND SIGNED BY A PARENT / GUARDIAN

Youth Member

★ **All fields must be filled in** ★

Youth Name			
Address			
			Postcode
Home Phone		Mobile Phone	
Contact E-mail			
School			
School Year		Date of Birth	

Parents / Guardians Contact details

Name			
Relationship		Mobile	
E-mail			
Name			
Relationship		Mobile	
E-mail			

Is this players membership covered within a 'Family Membership' or other Membership group

Yes No

If YES- You must state the Name of the 'PRIMARY MEMBER' here:



Annual Subscription Rates

Membership	Note	Rate	Sub Total
Youth	P1 & P2 & P3	£45	£
Youth	P4 to U16	£70	£
Subscription total			£
If you wish to make a donation please include it here			£
If you wish to spread your payments by Direct Debit please add the handling charge <small>(see attached Direct Debit sheet)</small>			£5
Total			£

I wish to pay for membership by (please tick box)

Cash Cheque Please enclose payment with form and return to Membership Secretary Credit Card Direct Debit

Credit Card To Pay by Credit Card you will require to come to the Club with your card during opening hours

Direct Debit You can pay for your membership over a maximum of 8 months To pay by direct debit you **must** fill in a **Separate direct debit mandate**. We will confirm payments and payment dates before debiting your account.

Club Use Only	CRFC Membership No	SRU Membership No	
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PLAYERS

The players should adopt the following:

- Be positive and adopt sportsmanlike behaviour at all times
- Extend courtesies to the opposing team before, during and after all matches
- Thank all officials such as referees and opposition coaches at the end of the match regardless of the match outcome
- Understand that deliberate violence of any sort is totally unacceptable
- Understand that verbal provocation and response to such provocation is unacceptable
- Never use bad language no matter whom it is directed at
- Accept that the referee's decision is final and should not be challenged
- Do not display immodest behaviour in victory or success
- Never use unfair or illegal tactics to gain an advantage

Publication of Photographs

Please indicate here if you do **NOT** give permission for your child's photograph to be included in Currie RFC publications and website. _____

Medical Information

Please give full details of any medical conditions/allergies that we need to be made aware of.

★ **Data Protection:** All medical information gathered will be held by Currie RFC for the purposes of Club Management and Administration to ensure the safety of the player to participate in activities associated with Youth Rugby, and will not be passed to any third party. It is a requirement of participating in CRFC Youth Rugby that medical information which may affect the player whilst under our supervision is provided.

Parents Responsibilities: Throughout the season you should expect to be asked by Age Group Managers to help with activities on behalf of the club. Please state here how much assistance you can give the club.

1 hour / month 1 - 2 hours / month 3-4 hours/month I cannot help the club at all

Would you be able to give an introduction to your company or business for potential sponsorship.

Yes/No

Details of the company contact: Company Name: _____

Contact Name _____ Contact Number: _____

I confirm that I am the parent/guardian of the child detailed in the Youth Name section above (the "Child"). I wish to apply for the Child to join the youth section of Currie Rugby Football Club (the "Club") as a youth member.

I understand and agree that neither the Club, nor any of its servants, employees, office bearers or members of the Club engaged in coaching or ancillary activities (including refereeing or catering) on an amateur and/or volunteer basis are under any liability whatsoever for any damage to or loss of, or loss of use of, any property belonging to me or to my Child whether on the Club's premises or facilities or elsewhere. This shall not limit the Club's for death or personal injury caused by the Club's or any other matter for which it would be illegal or unlawful for us to exclude or attempt to exclude our liability.

I hereby consent to the receipt by my Child of medical treatment for any injury sustained during rugby related activities or where deemed urgently necessary for other health reasons by the relevant Club member in charge of any rugby related activity. For the purposes of administering or consenting to such treatment, the relevant Club member shall be authorised to execute any documentation required to give effect to it. I confirm that I have disclosed to the Club all medical conditions and/or other circumstances which might be relevant to any treatment which my Child may require to receive.

The Club is registered under the Data Protection Act 1998. We will only use the personal information you provide to us for the purposes of Club and member administration and the organisation of rugby and other club activities. We will also use it to inform you about other events and other services which we may provide or organise, unless you tell us that you do not want to receive this information by emailing us at crfcmembers@virginmedia.com and telling us.

Parents/ Guardians Signature _____