

# SHOREHAM RUGBY FOOTBALL CLUB

## Membership Application Form 2011/12

Adult Player or Parent/Guardians Details

PLEASE FILL IN USING CAPITALS

First Names		Surname		Date of Birth	Sex
					Male / Female
Address					
	Town/City:			Post Code:	
Home Phone No.			Mobile Phone No.		Adult Player
					YES / NO
Email Address					

**Junior Players** - All junior players are entitled to a **FREE** Premiership Final ticket, conditions apply.

New Player	First Names	Surname	Date of Birth	Full name of school
YES / NO				
YES / NO				
YES / NO				

New junior players **must** fill in an RFU registration form and provide 2 passport style photos.  
New junior players are entitled to a free pair of club socks on receipt of full payment.

### Family Members

First Names		Surname		Date of Birth	Sex
					Male / Female
					Male / Female

### Type of Membership (Please tick relevant box)

Tick	Type of Membership	Description	Cost
	Senior Player	Player over the age of 18 years old.	£150
	Junior Player (Mini or Youth)	Player under the age of 18 years old.	£45
	Playing Family	1 senior player, 1 social and as many playing junior members as required	£160
	Non Playing Family	2 social members, 1 junior playing member and for every extra junior playing member thereafter add £10.	£55
	For non-playing family membership please state the number of extra junior members in the box provided		x£10 £
	Occasional/Veteran Senior Player	Senior player that will play no more than 10 games in a season.	£90
	Student/Unemployed	Senior player in full time education or who is unemployed.	£50
	Social	Social members are entitled to a 5% discount on up to 3 successful international ticket applications per season	£25

**Cheques are to be made payable to – Shoreham RFC**

<b>Total to Pay</b>	£
---------------------	---

I hereby apply for membership of Shoreham Rugby Football Club. I/we will abide by the rules and constitution of the Club, and have no outstanding obligations to any previous Club.

<b>Signed:</b>		<b>Print Name:</b>	
----------------	--	--------------------	--

A full copy of the constitution can be obtained from the Hon Secretary upon request and is located on the clubs web-site at [www.shorehamrugby.com](http://www.shorehamrugby.com) under documents.

# SHOREHAM RUGBY FOOTBALL CLUB

## Senior Player Medical Information Form 2011/12

In case of an emergency while you are involved in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that you may have any medication that you are taking on a regular basis or if you have any allergies eg; allergic to Penicillin etc.

So that we have a record of this information please fill in the questionnaire below and return it with your membership form. If you do not have any condition or are not taking any medication or do not have any allergies then please state 'None' in the relevant places. However, please fill in the names and contact details sections.

**Information on this sheet will be treated in the strictest confidence.**

Players Name..... Date of Birth.....

Medical condition.....

.....

.....

.....

Medication taken.....

.....

.....

.....

.....

Allergic to.....

.....

.....

.....

### **Name of person to contact in an emergency**

Name.....

Relationship to player.....

Telephone (H)..... (M).....

Alternative Contacts Name.....

Relationship to player.....

Telephone (H)..... (M).....

Players Signature..... Date.....

**It is the player's responsibility to tell the club of any change of circumstance during the season**

# SHOREHAM RUGBY FOOTBALL CLUB

## Junior Players Medical Information Form 2011/12

In case of an emergency while your child is involved in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that he/she may have, any medication that they are taking on a regular basis or if they have any allergies eg; allergic to Penicillin etc.

So that we have a record of this information please fill in the questionnaire below and return it with your child's membership form. If your child does not have any condition or is not taking any medication or has no allergies then please state 'None' in the relevant places. However, please fill in the names and contact details sections.

**Information on this sheet will be treated in the strictest confidence.**

Name of Child..... Date of Birth.....

Medical condition.....

.....

Medication taken.....

.....

Allergic to.....

.....

### Name of Parent/Guardian to contact in an emergency

Name.....

Relationship to child.....

Telephone (H)..... (M).....

Alternative Contacts Name.....

Relationship to child.....

Telephone (H)..... (M).....

---

## PUBLICATION OF PHOTOGRAPHS & RECORDED IMAGES

**I GIVE - I DO NOT GIVE\*** my consent for photographs & recorded images of my child to be used in the press or on the club's website. I understand that it is the club's policy not to individually identify players.

\* Delete as appropriate.

Parent/Guardian Signature.....

Parent/Guardians Name..... Date.....

**It is the parent/guardians responsibility to tell the club of any change of circumstance during the season**

# SHOREHAM RUGBY FOOTBALL CLUB

## Junior Players Medical Information Form 2011/12

In case of an emergency while your child is involved in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that he/she may have, any medication that they are taking on a regular basis or if they have any allergies eg; allergic to Penicillin etc.

So that we have a record of this information please fill in the questionnaire below and return it with your child's membership form. If your child does not have any condition or is not taking any medication or has no allergies then please state 'None' in the relevant places. However, please fill in the names and contact details sections.

**Information on this sheet will be treated in the strictest confidence.**

Name of Child..... Date of Birth.....

Medical condition.....

.....

Medication taken.....

.....

Allergic to.....

.....

### Name of Parent/Guardian to contact in an emergency

Name.....

Relationship to child.....

Telephone (H)..... (M).....

Alternative Contacts Name.....

Relationship to child.....

Telephone (H)..... (M).....

---

## PUBLICATION OF PHOTOGRAPHS & RECORDED IMAGES

**I GIVE - I DO NOT GIVE\*** my consent for photographs & recorded images of my child to be used in the press or on the club's website. I understand that it is the club's policy not to individually identify players.

\* Delete as appropriate.

Parent/Guardian Signature.....

Parent/Guardians Name..... Date.....

**It is the parent/guardians responsibility to tell the club of any change of circumstance during the season**

# SHOREHAM RUGBY FOOTBALL CLUB

## Junior Players Medical Information Form 2011/12

In case of an emergency while your child is involved in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that he/she may have, any medication that they are taking on a regular basis or if they have any allergies eg; allergic to Penicillin etc.

So that we have a record of this information please fill in the questionnaire below and return it with your child's membership form. If your child does not have any condition or is not taking any medication or has no allergies then please state 'None' in the relevant places. However, please fill in the names and contact details sections.

**Information on this sheet will be treated in the strictest confidence.**

Name of Child..... Date of Birth.....

Medical condition.....

.....

.....

Medication taken.....

.....

.....

Allergic to.....

.....

.....

### Name of Parent/Guardian to contact in an emergency

Name.....

Relationship to child.....

Telephone (H)..... (M).....

Alternative Contacts Name.....

Relationship to child.....

Telephone (H)..... (M).....

---

## PUBLICATION OF PHOTOGRAPHS & RECORDED IMAGES

**I GIVE - I DO NOT GIVE\*** my consent for photographs & recorded images of my child to be used in the press or on the club's website. I understand that it is the club's policy not to individually identify players.

\* Delete as appropriate.

Parent/Guardian Signature.....

Parent/Guardians Name..... Date.....

**It is the parent/guardians responsibility to tell the club of any change of circumstance during the season**