

Please complete, or check and amend, these details

Touch Rugby - Junior

First Name			RFU ID	
Last Name			Date of birth	
Building Name				
Address				
Town			Postcode	
Phone		Email		
Consent to treatment on pitch ?	YES / NO	Relevant medical conditions ?	NO / YES (Please specify)	
Parents / Emergency contacts	Name		Name	
	Phone		Phone	
	Email		Email	
Insurance	RFU compulsory insurance cover is only available for players who are paid-up members of the Club. The scheme does not cover loss of earnings. It is up to each player to arrange additional personal insurance cover if they are not satisfied with the cover provided by the RFU.			
Data Protection / GDPR	The Club will retain and use your personal data (including potentially sensitive data) for the purpose of participation in rugby, facilitating membership and use of the Club facilities, for regulatory reasons and to send you information about Club activities from time to time by post or via email. Your email address will not be given to anybody other than for one of the above purposes. Email will be the Club's primary method of communication this season. Please ensure you provide us with a regularly-used email address.			

PTO For additional information and parental / guardian approvals

Touch Union - Junior	Players under 16 on 1 September 2022	£15
	Paid in full as another type of member (MJ, Girls, etc.)	FOC

Details for payment by BACS :

A/C Driffield RUFC Ltd Sort Code 40-10-12 A/C No 61588303 Ref: MJ Touch Surname Initials

Office use only	Payment received	£	Payment received by office	
Payment type	Cash / Cheque / Card / St. Order / BACS		Payment logged in accounts	
			GMS Updated	

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PARENTAL / GUARDIAN DECLARATION

I CONFIRM that the information contained in this form is true to the best of my knowledge and belief and that I have the authority to give the necessary consents where appropriate.

I UNDERSTAND that as a member of the Club my child is subject to the Club rules and codes of conduct as well as the RFU rules and regulations appropriate to their age group and that any breach of these will be dealt with in accordance with the disciplinary procedures laid down by the Club and the RFU.

I UNDERSTAND that as a parent I am automatically an 'associate member' of the Club and I **AGREE** to abide by the RFU and Club rules, regulations and codes of conduct and agree to ensure my child is aware of their obligations under the rules, regulations and codes of conduct.

I UNDERSTAND that where I have given my consent to my child receiving emergency medical treatment and the taking/use of photographic images of my child for promotional purposes, withdrawal of that consent must be given in writing to the Safeguarding Officer with 7 days' notice.

PARENT/GUARDIAN'S FULL NAME

..... **(please print)**

SIGNED **DATED**