



# Saffron Walden Rugby Football Club

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Affiliated to RFU Eastern Counties, Cambridgeshire and Cambs Referees Society

## JUNIOR SECTION: MINI & YOUTH APPLICATION FOR MEMBERSHIP / MEMBERSHIP RENEWAL 2009/10 SEASON

PLEASE COMPLETE ALL SECTIONS ON THIS PAGE, AND ALSO PAGE 2 (Medical Information)  
[CIRCLE WHERE APPROPRIATE]

### MEMBERSHIP FEES

Existing member: Yes/No  
Fee payable: £30\* (single)  
£40\* (2 players from same family)  
£45\* (3 or more players from same family)  
Youth Supplement (per player U13 and above only)  
£20  
(to cover post match food)  
\*If you would like to be considered for reduced membership fees because you are on Income Support or for some other reason please contact Simon Read in confidence on 01799 599239

I ENCLOSE CASH/CHEQUE FOR £\_\_\_\_\_ (or you can pay by credit/debit card at the club)

### VOLUNTEERS

#### Note to Parents/Guardians

*The club can maintain and improve its standards only because people like you give up their time to make it happen. The more volunteers we have, the better the club can be. If you can help, even occasionally, please indicate below.*

*I am willing to help as a volunteer for:  
Coaching/Team Manager/Coffee or Kit Shop/  
Information Desk/First Aid/Sponsorship/Events  
(Circle as appropriate and we will contact you)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age on 1/9/09: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ Address of parent or guardian [if different]: \_\_\_\_\_

Postcode: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Parent Mob : \_\_\_\_\_ Player Mob (U16/17/18): \_\_\_\_\_

Name & Address of School: \_\_\_\_\_ Email Address for Club Communications (please write clearly. We can only store 1 email address per member): \_\_\_\_\_

Representative playing history: \_\_\_\_\_ Playing position: \_\_\_\_\_ Previous Club [if any]: \_\_\_\_\_

#### 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"/> Black or Black British: Caribbean |
| <input type="checkbox"/> White: Irish   | <input type="checkbox"/> Mixed: White & Black African   | <input type="checkbox"/> Asian and Asian British: Pakistan   | <input type="checkbox"/> Black or Black British: Africa    |
| <input type="checkbox"/> White: Other   | <input type="checkbox"/> Mixed: White & Asian           | <input type="checkbox"/> Asian and Asian British: Bangladesh | <input type="checkbox"/> Black or Black British: Other     |
| <input type="checkbox"/> Chinese        | <input type="checkbox"/> Mixed: Other                   | <input type="checkbox"/> Asian and Asian British: Other      | <input type="checkbox"/> Other Ethnic Group                |

I understand that Saffron Walden Rugby Football Club, its servants, agents or employees are not under any liability whatsoever for the loss of property, accidents or injuries how so ever caused during the course of training, preparation or travel to or from training, or matches played at Saffron Walden Rugby Football Club or elsewhere.

I confirm that the above player has no outstanding obligations to any other rugby club and is not subject to any disciplinary action. I declare that the above information 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 bodies and the rules of Saffron Walden Rugby Football Club.

I give my consent for SWRFC officials to take photos / videos of my child during training and matches. The images are for training assessment, and for promoting SWRFC via the website, brochures and the Press. No names of individual's will be associated to the images without permission from the Parent/Guardian.

Parent/guardian signature: \_\_\_\_\_ Players signature: \_\_\_\_\_





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## **JUNIOR SECTION: MEDICAL INFORMATION (2009/10 Season)**

**Player Name:**

**Medical Conditions/Allergies (plus medication taken if any):**

**GP's Name/Practice and Tel No:**

**Emergency Contact Name/Telephone Number:**

**(N.B. This information will be made available to age group coaches/team managers)**

### **DECLARATION:**

I give my consent for my child to receive basic first aid treatment by a qualified first-aider/member of the Club's Coaching Team should a minor injury or accident occur to my child. If it becomes necessary for my child to receive more than basic first aid treatment and I cannot be contacted by telephone on the emergency number I have provided on this form, or by any other reasonable means, to authorise this, I hereby consent to my child receiving the necessary medical treatment and I hereby authorise you to arrange this by all means possible and consent to your producing this or any other document which may be required by the hospital or other medical authorities to signify my consent to the treatment of my child.

**Parent/Guardian Signature:**