



We are very pleased to welcome you to Cinderford RFC.

To ensure we have the correct contact details for you, please fill out this form and give it back to your Coach or the club membership secretary as soon as possible – Thank you.

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about Club events.

Player Details

First Name:					Surname:					DoB:			
Home Address 1:													
Home Address 2													
City:								Post Code:					
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Age on 1/9/2013:						Home Tel N ^o :			
Player Email Address: (If over 16)													
Player Mobile N ^o .: (If over 16)								School:					
Player Medical Conditions:													
Player Allergies:													
Returning/ New Player?			Returning <input type="checkbox"/>		New <input type="checkbox"/>		Previous Club:						

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider the player to have a disability? Yes No

If yes please detail below any important medical information that our coaches/junior coordinator should be aware of

Visual impairment Hearing impairment Physical disability Learning disability

Multiple disability Other (please specify)

Sporting information

Have you played Rugby before? Yes No

If yes, where have you played rugby? (please indicate below)

Primary school Secondary school Rugby Camp Local authority coaching session

Club County Other (please specify)

Parents/Carers Details 1

First Name:					Surname:								
Home Address 1: (if different to Player)													
Home Address 2													
City:						Post Code:							
Parent Email Address:													
Parent Mobile N ^o :								Home N ^o :					
Profession:													

Parents / Carers Details 2

First Name:		Surname:	
Home Address 1: (if different to Player)			
Home Address 2			
City:		Post Code:	
Parent Email Address:			
Parent Mobile N ^o :		Home N ^o :	
Profession:			

Volunteering

What could you get involved with at the club?	Coaching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Managing a Team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Organising activities/events	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fundraising for the team/club	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Referee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other? Please state:					

Emergency contact details

Please insert the information below to indicate the person who should be contacted in event of an incident/accident.

Emergency contact(s)	Name	
	Relationship	
	Telephone Number	
	Mobile Number	

DECLARATIONS

- I declare that the personal information I have supplied to the club, in whatever form, written verbal or electronic, is correct. In signing this form I agree that the player be bound by the Laws and resolutions of the Rugby Football Union and its constituent bodies and by the Rules of Cinderford Rugby Football Club. I have also seen and agree to abide by the Code of Conduct for Parents and Spectators.
- If in the course of training, playing, or travelling to or from matches, or on approved tours with the age group, my child sustains an injury, I agree that any necessary First-Aid, medical and or dental treatment may be given to him or her in my absence, including the administration of a general anaesthetic and surgical operations in the case of an emergency, in accordance with the recommendations of a qualified medical practitioner.
- I give permission for photographs of my child to be taken, whilst participating in the activities of the Mini-Junior Section.

Signed (Parent/Guardian) Date