



N.R.U.F.C. Registration Form (Annual)

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|---|--|
| Member First Name (s) | Home Phone No. |
| Member Last Name | Mobile Phone No. (Juniors - Parent/Guardian Mobile Phone No.) |
| Member Address 1 | Work Phone No. (Juniors - Parent/Guardian Work Phone No.) |
| Member Address 2 | Member Nationality |
| Member Address 3 | Member E-Mail Address (Juniors - Parent/Guardian E-Mail Address) |
| Member Town/City | (Juniors only) School attended |
| Member Post Code | Member Date of Birth |
| Member Employer (or Parent/Guardian Employer) | Occupation (Juniors - Parents/Guardian Occupation) |

I wish to apply for: ***Please delete as applicable.**

| | |
|--|---|
| * Senior Playing Membership (£192 pa – Standing Order or 1 off payment). | Please send me information on membership of the NRUFC fund raising Club Future Fund Draw. (Please tick) <input type="checkbox"/> |
| * Vice President Membership (£50 pa). | |
| * Associate Membership (£20 pa). | |
| * Ladies Membership (£10 pa). | |
| * Junior Membership (U7-U8 £35 pa, U9-U12 £45 pa, U13+ £50 pa. Discount 2 nd and subsequent child £15) | <input type="checkbox"/> |
| * Junior Membership. I have completed the supplementary consent form overleaf (Please tick) | <input type="checkbox"/> |
| (Includes Parent) I attach 2 passport type player photos with my name on the back (Please tick) | <input type="checkbox"/> |

I attach *cash/cheque for the fee to the value of £ **/*I have completed the Standing order mandate (below).**

I give my permission for the club to use my membership information for the purposes of operating the club, keeping me informed concerning club matters and communicating with any constituent body, or organisation that needs to have my details in order that NRUFC can discharge its constituted functions.

Signed *X* *X* (*member/parent/guardian) Date: / / .

July 2010 (V8)

Standing Order Instruction

Newmarket Rugby Union Football Club
Hon Treasurer: Louise Hansford,
 40 Maltings Close, Moulton, Newmarket, Suffolk CB8 8ST
 Tel: (Home) 01638 751385

From (Members name & address)

To (Your Bank branch and address)

| | |
|----------------------------|----------------------------|
| Your Bank Sort Code | Your Account Number |
|----------------------------|----------------------------|

Beneficiary: Newmarket Rugby Union Football Club

| | |
|--|------------------------------------|
| Beneficiary Sort Code 40-34-38 | Please quote club reference: _____ |
| Beneficiary Account 41149814 | |

| | |
|--|--|
| Initial Payment Amount: £ _____ | Signature <i>X</i> <i>X</i> Date of Instruction: _____ 20____ |
| First Payment on: First day of: _____ 20____ | |
| Followed by _____ monthly payments of: £16.00 | |
| On the first of the month starting: _____ 20____ | |

This order supersedes and cancels all previous orders in favour of Newmarket Rugby Union Football Club

PARENTAL CONSENTS – Junior Section Member

Please mark as indicated.

1. First Aid or Emergency Treatment

I/We give consent to basic first aid being given to my/our son/daughter should he/she sustain an injury whilst under the supervision of the Club. I understand that, should this occur, the club will endeavour to contact a parent/guardian and also arrange further medical assistance, if deemed necessary. I/We also give consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary. I will request a copy of the NRUFC Reportable Injury Event Record if I need to view it.

(Section approval) Parent/Guardian Initials: _____

2. Medical Conditions – Please print clearly

I wish to declare that this club member suffers from the following (Please detail):

Allergies: _____

Medical conditions: _____

Regular medication taken: _____

3. Photography and/or Video Recording

I/We do give consent to video footage being taken in the interests of technical analysis to aid the coaching. I/We also give consent to other video (family records) being taken. I/We do give consent to the taking of photographs which may be used in Club promotional literature, or for press reports. I will request a copy of the NRUFC video/photographic policy if I need to view it.

(Section approval) Parent/Guardian Initials: _____

4. Parental Code of Conduct

I/We have read the Parental Code of Conduct sheet and have understood the requirements and obligations placed on me as the Parent of a junior member of Newmarket Rugby Club.

(Section approval) Parent/Guardian Initials: _____

5. Player Code of Conduct (18 or under)

I/We have read the Player Code of Conduct sheet and have understood the requirements and obligations placed on me as a Player in the junior section of Newmarket Rugby Club.

(Section approval) Parent/Guardian Initials (U7-U12) **OR** Player initials (U13 – U18): _____

Name of Junior Rugby Member (As P1): _____ (Print clearly)

Name of Parent/Guardian Member: (First) _____ (Last) _____ (Print clearly)

Signature of Parent/Guardian: *X*

X Date: / / .