



# SIMMSQUINS

## MINI & YOUTH

### RUGBY PLAYER

### APPLICATION FORM

PLAYER'S SURNAME:

FIRST NAME(S):

DATE OF BIRTH:

HOME ADDRESS:

POSTCODE:

PARENT/GUARDIAN'S CONTACT TELEPHONE NUMBERS

[PLEASE INDICATE WHETHER FATHER, MOTHER OR OTHER]:

MOBILE:

HOME:

WORK:

PLEASE PROVIDE AN ALTERNATIVE EMERGENCY CONTACT TELEPHONE NUMBER:

PARENT/GUARDIAN'S E-MAIL ADDRESS:

SCHOOL ATTENDED:

MEDICAL CONDITIONS/ALLERGIES [PLEASE GIVE FULL DETAILS, USING A SEPARATE SHEET IF NECESSARY]:

FATHER'S NAME:

MOTHER'S NAME:

CAR MODEL/COLOUR/REGISTRATION NUMBER [ONLY REQUIRED BY THOSE WISHING TO USE THE HAYMARKET CAR PARK]:

I CONFIRM THAT I HAVE READ AND AGREE TO ABIDE BY THE HARLEQUIN AMATEURS RUGBY CLUB MINIS TERMS AND CONDITIONS.

PARENT/GUARDIAN'S SIGNATURE:

DATE:



**THIS IS RUGBY.**

Teamwork Respect Enjoyment Discipline Sportsmanship