



Website: www.cvrfc.com Email: info@cvrfc.com

CVRFC Membership Form 2011 – 2012 Season

In order to maintain accurate records and ensure the safety of all children at Chess Valley Rugby Football Club, it is important that we have a completed Membership Form.

Youth (described as U10s and above) - £70 for first child then £20 for first sibling and £10 for siblings thereafter.
Minis (described as U9s and below) - £60 for first child, £20 for first sibling and £10 for siblings thereafter.

Parents Details			Existing Member	
Title.....	First Name.....	Surname.....	Y	N
Title.....	First Name.....	Surname.....	Y	N

Children's Details		School	Existing Member	
Full Name	D.O.B ...../...../.....	.....	Y	N
Full Name	D.O.B ...../...../.....	.....	Y	N
Full Name	D.O.B ...../...../.....	.....	Y	N
Full Name	D.O.B ...../...../.....	.....	Y	N

Contact Details:

Address.....
.....

Post Code..... Home Tel.

Mobile Tel One..... Mobile Tel Two.....

Email One..... Email Two.....

Emergency Contact - in event that we cannot contact a parent on the above mobile or home number, please put an alternative emergency contact and number below.
.....

Payment Details: *(Please tick where appropriate)*

First Child (Eldest) £60 _____ (U9 or below) £70 _____ (U10 or above)

Plus

One Sibling £20 _____ Two Siblings £30 _____ Three Siblings £40 _____

TOTAL - £.....

Please make cheques payable to Chess Valley Mini Rugby Football Club



RFU Registration

If your child/children is not registered with the RFU as a Chess Valley Mini / Junior player, we will register him/her at no cost to you as a player unless you specifically instruct us not to.

Club Use Only – RFU No's.....

Junior Players Only (U13 upwards)

In line with the RFU registration for players of U13s and above, please fill in the additional information below:

Playing Position (you can put undecided if not sure at this time)

Town & Country Of Birth.....

(If not UK then please contact the membership officer for details of further information required by the RFU)

Medical Details

The information below is to be kept by the club for use in the event of injury to players. It is in your interest to complete such information so the club may be in a position to act swiftly should serious injury occur. This form will be securely stored by the Club Welfare Officer and will only be used in the event of request by health or emergency attendant personnel. This information will not be released to anyone else. Please provide information of conditions experienced over the past three years or for ongoing medical conditions the player is being treated for. For joint applications, please note name of child to whom these conditions and medication relate and use an additional sheet of paper if required.

Doctor.....

Doctor's Phone Number.....

Any Medical Condition/s.....

Any Current Ongoing Medication.....

Anything else the club / coaches should be made aware of.....

Other Details

CVRFC is an all inclusive club and we would welcome your help, please indicate if you would be willing to assist in any of the following areas by circling the appropriate sections:

Coaching / Age Group Manager / Refereeing / Match Day Catering / Special Events / Club Shop / Recruitment and Registration / General Administration / IT / Other (Please specify below)

Parents Info

We are sometimes in need of specialist advice and ask parents for help in an area they may either work in or be particularly knowledgeable of. If you are happy to do so and don't mind the club possibly asking for advice or help at some point, please feel free to provide brief information below in confidence (not mandatory).

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Parent / Guardian Declaration

I (print name)..... (Parent / Guardian)

of the applicant named above declare that the above information is correct. In signing this form I indemnify Chess Valley Rugby Football Club its Officers and Servants from any liability for the loss or damage to personal property, accidents or injuries incurred during the course of training, playing rugby or in association with such activities. I agree that the above named player be bound by the Laws and resolutions of the Rugby Football Union, and its Constituent Bodies and the Rules and Code Of Conduct of the Chess Valley Mini Rugby Football Club. In the event of an accident or injury where the Coach / Club Officer is unable to contact the parent(s) / guardian(s) named above I give permission to the senior Chess Valley RFC representative present to act on my behalf in authorising medical treatment. I further consent to the club first aiders to provide first aid treatment if required.

I give my consent to the taking and publication of photographic images, taken by persons appointed by Chess Valley RFC for publicity / coaching purposes (including publication on the club website, printed marketing material, local newspapers, etc.) unless I have provided a separate letter or email of objection to Chess Valley RFC.

Data Protection

I understand the information being collected on the form is to enable my child to become a member of Chess Valley Rugby Club. This information will only be used in connection with the activities of Chess Valley Rugby Club.

SIGNATURE:..... DATE:.....

Club Use Only

Membership No.....

Players Book Entry.....

Cheque / Cash Received.....

Date Of Membership.....

Receipt Issued.....

Other Matters To Be Dealt With.....

.....

Signed.....

✂.....

Receipt For.....

This receipt acknowledges payment of £..... to Chess Valley Rugby Football Club, the payment is made in respect of membership for child/children for the season 2011 – 2012.

Signed on behalf of Chess Valley Rugby Football Club:

.....Date: