



# Junior Player Membership Form

## August 2009 – July 2010

Player's name:	(Known as: _____ )		
Address:			
Postcode:		Email:	
Telephone:		Mobile:	
Date of birth:		School:	Ethnicity:
Age group for 09/10 season:	The child lives with:		
Please give details of any medical conditions the child has, that you think the club should be aware of:			
There may be a number of occasions when the club needs to contact a player's parent or guardian to inform them of changes to training, travel or match arrangements. The primary contact for these type of matters is: Contact No:			
Relationship to player:			
Do you consider your child to have a disability?	Nature of disability:		
Joined Crigglestone at: Under			
Photographs / images and online usage – I provide permission for the club to use images of the above named child in accordance with the best practice guidelines as outlined by the NSPCC Child Protection in Sport Unit.			

I agree to the above named child taking part in the activities of the club and understand that in the event of any injury or illness all reasonable steps will be taken to contact one of the above named contacts, and to deal with that injury / illness appropriately.

I the undersigned have read and understood the Rugby League Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the "Code".

I have checked this information and confirm that, as amended, it is correct to the best of my knowledge.

Name of parent / guardian:

Signature:

Date:

**OFFICE USE ONLY: £20 Membership Fee Paid and receipt given.**

Signed:

Receipt No:

Date: