



### **Junior Membership 2012**

Thank you for your interest in joining us for the 2012 season. We are very grateful for your support and hope you will continue to play a part in our growth whether as a player, coach, volunteer or supporter.

We are committed to ensuring that our club is open to all and membership is £20 for the first playing child in each family (£10 for each sibling who wishes to register as a player) and £10 for non-playing members.

All players are required to become members before playing in a match and membership fees cover insurance for training and matches, post-match meal for players, access to discounted rugby league tickets and other benefits.

This season promises to be another exciting campaign and we hope you will join us. Please complete this form and return it to your coach or any club official.

If you have any questions please contact chairman Jim Green on 07512 355396 or email [info@chestergladiators.com](mailto:info@chestergladiators.com).

#### **Player Details**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Alternative Contact**

Please provide details of a responsible adult who can be contacted in the event of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

By completing this form you agree to your child taking part in organised club activities. We will ensure you are fully aware of these activities and, in the event of injury or illness, all reasonable steps will be taken to contact you and to deal with the situation appropriately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Medical Information**

Please detail any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.).

#### **Image Consent**

Chester Gladiators uses photographs and videos of matches and events to promote and celebrate the club's activities. By completing this form you agree to your child being included in these photographs.

We take all steps to ensure these images are used solely for the purposes they are intended, please contact the club immediately if you become aware these images are being used inappropriately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_