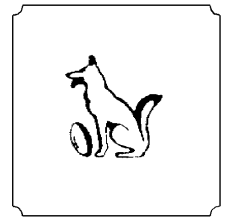


# BURY ST. EDMUNDS

RUGBY UNION FOOTBALL CLUB LTD

Mini Rugby

Skill Development Camp (Tuesday 14th & Wed 15th Feb)



Name of Child .....

Age.....

Address .

.....  
.....

Post Code.....

Email Address .....

Any Medical Conditions

.....  
.....

Emergency contact name & number

.....  
.....

Dates Attending Camp (please select one day only):

Tue 14th Feb (Non-contact 8yrs & under) ( )

Wed 15th Feb (Contact rugby 9-11 yrs) ( )

Signed.....

Print.....

**Signing this form gives your consent for your child to be supervised by a member of Bury St Edmunds RUFC at the location of The Harberden and also the consent to apply first aid if necessary by a fully qualified first aider. Pictures may be taken of your child for future marketing. If you DO NOT want your child to appear in photos please tick this box ( )**

**Please make cheques payable to Bury St Edmunds Rugby Club & all completed applications and payment must be received by Mon 13th Feb at the following address**

Barry Frost  
Bury St Edmunds RFC  
The Harberden,  
Southgate Green,  
Bury St Edmunds,  
Suffolk,  
IP33 2BL