

Chipping Sodbury RFC Youth Section Player Profile, Membership and Parental Consent Form for Rugby Union Activities



SECTION 1 PERSONAL DETAILS – PLAYER AND PARENT/GUARDIAN		
Name of Child	Name of Parent/Guardian (*)	Date of Birth Of Child
Address		Postcode
Parent/Guardian Email address	Mobile Tel Parent/Guardian	Home Tel
SECTION 2 EMERGENCY CONTACT DETAILS		
Name of an alternative adult who can be contacted in an emergency	Phone number(s) for alternative named adult	Relationship of this adult to child
SECTION 3 CONSENT STATEMENT FROM PARENT/LEGAL GUARDIAN Please tick each box where you agree		
Legal Authority to provide consent		
<input type="checkbox"/> I confirm that I have legal responsibility for the child named above and I am entitled to give this consent		
<input type="checkbox"/> I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the Club of any changes to this information and agree that the above named player can be bound by the Laws and Resolutions of the RFU and its constituent body.		
Consent to participate		
<input type="checkbox"/> I agree to the child named above taking part in the activities of the Club		
Medical Consent		
<input type="checkbox"/> I give my consent that in an emergency situation, the Club may act in loco parentis, if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical Practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult which I have named in Section 2 of this form.		
<input type="checkbox"/> I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in the section below		
MEDICAL INFORMATION– Please detail below any important medical information that the Club needs to know (e.g. Allergies, medical conditions, current medication, special dietary needs, injuries etc).		
I confirm that I have read, or been made aware of the club’s policies concerning the use of photographing and videoing .		
<input type="checkbox"/> I understand and agree to the responsibilities which I and my child have in connection with these policies		
<input type="checkbox"/> I consent to the Club photographing or videoing my child’s involvement in Rugby Union in under the RFU’s Child Protection and Best Practice guide lines		

SECTION 4 FAMILY SOCIAL MEMBERSHIP 2011/2012

Full name Parent/Guardian (as * page 1)	Full name partner /Spouse (if any)	Full name non Playing sibling (s)

Agreement to Club Rules and Polices

- I agree to abide, and ensure that all family members and visitors that I bring into the club or who attend in my place abide, by the rules of the Club and follow the guidelines contained within the RFU and Club Welfare Polices and Parent Guidelines (Copies available from the website www.pitchero.com/clubs/chippingsodbury).
- I recognise that disciplinary action which includes expulsion from the Club and facilities may be taken for serious breaches of the Club and RFU Rules and Welfare policies
- I understand that this Youth Section Family Membership allows me to use the Club facilities but does not provide me full CSRFC voting rights. It does however provide voting rights (1per family) for the Youth Section AGM and any Special Meetings.

Membership Fees due to be paid by 11 September 2011, it should be noted that non paid up players will not be insured

Under 11	Over 11	Combination (under and over 11)
Membership +1 child £45 <input type="checkbox"/>	Membership + 1 child £50 <input type="checkbox"/>	
Membership + 2 children £75 <input type="checkbox"/>	Membership + 2 children £85 <input type="checkbox"/>	Membership + 2 children £80 <input type="checkbox"/>

All registered and annual subs paid players are covered by RFU Personal Injury Policy. The cover is somewhat limited and you may wish to take additional cover.

SECTION 5 Signatures

Player's signature	Printed Name	Date of signature
Parent/Legal Guardian's signature	Printed Name of Parent/Legal Guardian	Date of Signature

DATA PROTECTION- The Club will use the Information provided on this form to administer his/her ruby union activity at the Club and any activities in which he/she participates through the Club. In some cases this may require the club to disclose information to the Playing League, Service Area of RFU. In the event of a medical issue or a safeguarding concern arising, the Club may disclose certain information to doctors and/or police, children's social care, the Courts and/or probation officers and potentially to the RFU or the RFU investigators.

SECTION 6 For Club use

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