

GORDANO RFC MEMBERSHIP FORM

RFU Registration No:

*Please check & complete ALL fields,
include email address where possible as this will be used for means of communication*

PLAYERS DETAILS:

First Name: Surname: Date of Birth:

Address: Postcode:

Tel No: Mobile No/Emergency No:

Email Address:.....

Name of Parent or Guardian:

Type of Membership (please tick box):

*Junior Membership—1 junior player & Family:

£60



Amt Received: by: Cash /Chq Date

*Junior Membership—2 junior players & Family:

£95

*Junior Membership—3 junior players & Family:

£130

Non Playing Social Membership:

£15

Colts Membership £30**Senior Player & Colts Membership £60***** If you are a Senior member of the club please deduct £25 from the Junior Membership**

Gordano RFC Is a Private Club and as such we need to record all members including associate members. The membership prices above include associate membership for family and partners. Please list ALL members aged 16 and over below:

Associate Member:

Associate Member:

School Attended:.....School Year: Plays Rugby at School: YES / NO

Membership Serious Illnesses / Allergies:

Name of Doctor: Tel No:

Address:

Do you consent to first aid being administered by recognised club officials: YES / NO

Signed:(Parent or Guardian if under 16)

Do you Consent for Pictures to be used on the Gordano RFC Website: YES / NO

Signed:(Parent or Guardian if under 16)

Signed by Player:.....

Signed by Parent.....