

SIDCUP RUGBY FOOTBALL CLUB
MEMBERSHIP APPLICATION

This form is to be used only in conjunction with payment of
500 Club subscriptions by Direct Debit.

After completing this form, members must logon to www.sidcuprfc.co.uk,
go to the 'Club Info' page, select the '500 Club DD Mandate' option and
complete the online Direct Debit mandate.

I hereby apply / re-apply to be a member of Sidcup Rugby Football Club and agree to abide by the Club rules and regulations and to maintain 500 Club membership. It is understood that Sidcup RFC, its servants, agents or employees are not under any liability whatsoever for loss of property, accidents or injuries of or to the below named however caused and whether during the course of training, preparation or matches played at Sidcup RFC or other grounds.

I understand that if I do not observe IRB, RFU, RFUW or Club Rules, Policies, Directives and regulations I shall not be eligible to remain a member of this club I confirm that I have no outstanding obligations to any previous rugby club and I am not subject to any disciplinary action.

Players who are 500 Club members are deemed to have paid a subscription and are insured under the RFU's Permanent Disability & Accidental Death insurance scheme **however players are strongly advised to cover themselves against injury and loss of earnings.**

Sidcup Rugby Football Club (SRFC) will use your personal data (including potential sensitive data) for the purpose of recording your membership details, recording any medical conditions & allergies for emergency situations, and for communicating information with you. If you do not wish to receive the following types of information from SRFC please tick the relevant boxes below:

I **do not** wish to receive by electronic mail (including e-mail, SMS or image messages etc.) information on activities, events, membership and news letters etc from SRFC.

I **do not** wish to receive by electronic mail (including e-mail, SMS or image messages etc.) information about products/services available from current SRFC sponsors and advertisers.

Individual membership / First adult member (if Family membership). This person will be a Full member with one vote in General Meetings.

Name: _____ Gym member**: YES / NO

Address: _____

Post code: _____

Contact numbers: _____

Email address: _____

Other family members (if applicable). These persons will be Family / Youth members and will not have voting rights in General Meetings.

Second adult: _____ Gym member**: YES / NO

First child*: _____ Date of Birth: _____ Team: U

Second child*: _____ Date of Birth: _____ Team: U

* Under 18 on 1st September 2011

** One gym membership is included with 500 Club membership. A second gym membership costs £160 pa.

Sidcup RFC 500 Club promoter: Ian Anderson, 7 Danson Road, Bexleyheath, Kent DA6 8HA
Please return completed form to the above or place the completed form in the locked box behind the bar at the Club.

NOTE: Please complete the reverse / second page of this form as appropriate

SIDCUP RUGBY FOOTBALL CLUB

MEMBERSHIP APPLICATION

THIS FORM FOR USE ONLY IN CONJUNCTION WITH 500 CLUB MEMBERSHIP

MEDICAL DETAILS (Adult and Youth players)

In case of an emergency while in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that you (adult player) or your child (youth player) may have, any medication that they are taking on a regular basis or if they have any allergies e.g. allergic to Penicillin etc.

If you or your child does not have any condition or is not taking any medication or has any allergies then please state 'None' in the relevant places. However, please fill in the names and contact details sections.

This information on this sheet will be treated in the strictest confidence.

Medical conditions/allergies/medication

EMERGENCY CONTACT (Adult and Youth players)

Please give name and contact details of an alternative contact in an Emergency

Name	Relationship
------	--------------

Contact numbers: (M)	(H)
----------------------	-----

PUBLICATION OF PHOTOGRAPHS (Youth players only)

I GIVE - I DO NOT GIVE* my consent for photographs of my child to be used in the press or on the club's website. I understand that it is the club's policy not to individually identify players.

* Delete as appropriate.

Parent/Carer's name:	Signature:	Date:
----------------------	------------	-------

Young person's name	Signature:	Date:
---------------------	------------	-------