



## Cambuslang Rugby Football Club - Membership Form Season 2018-19

Please complete the information requested to ensure we have your current contact details and indicate your method of payment. Note: if you are renewing membership it is necessary only to indicate changes to your details from last year.

### PERSONAL DETAILS:

	You, lead Family Member, or player details for Juniors (Under 18)	Partner/2 <sup>nd</sup> Point of Contact (Optional)
<b>Full Name:</b>		
<b>Address:</b>		
<b>Home phone:</b>		
<b>Mobile No:</b>		
<b>E-mail:</b>		

Parent/Guardian of Junior Section members to sign below and complete consent details overleaf.

### MEMBERSHIP CATEGORY: (tick box)

<b>Senior Rugby Player:</b>	£120 (£10 per month)	<input type="checkbox"/>	<b>Rugby Family:</b> 1 Rugby Social & up to 3 children (U18)
<b>Senior Rugby Student:</b>	£60 (£5 per month)	<input type="checkbox"/>	
<b>Rugby Social:</b>	£60 (£5 per month)	<input type="checkbox"/>	<b>Dependents:</b>
<b>Junior Rugby Player:</b> (please complete consent details overleaf)	£60 (£5 per month)	<input type="checkbox"/>	

Players joining mid-season will be offered a reduced rate.

**I apply to be a member of Cambuslang Rugby Football Club for Season 2018/19 in the membership category indicated above (please tick appropriate box/delete as appropriate below).**

I enclose my cash/cheque payment / I have paid using Chip & Pin in the club	(£ ..... )	<input type="checkbox"/>
I would like to make an electronic payment (direct banking or through club website)		<input type="checkbox"/>
I have set up a standing order		<input type="checkbox"/>
BACS Details: <b>SENIOR SECTION</b> Account Holder: Cambuslang Rugby Club Sort Code: 83-16-25 Account No.: 00121376 Make cheques payable to: <b>Cambuslang Rugby Club</b>	BACS Details: <b>JUNIOR SECTION</b> Account Holder: Cambuslang Rugby Club – Junior Section Sort Code: 83-16-25 Account No.: 00170512 Make cheques payable to: <b>Cambuslang Rugby Club – Junior Section</b>	

**Parent/Guardian named overleaf to sign on behalf of Junior Section Members**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>CLUB USE ONLY</b>	Payment received - £ Received by:	Method – cash / cheque / Chip & Pin
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## CRFC Junior Section Consent Form Season 2018-19

### PLAYER DETAILS:

Player's Name	Date of birth	School year	Age	School

### PARENT/GUARDIAN CONTACT DETAILS:

	Primary Contact	Secondary Contact
<b>Full Name:</b>		
<b>Address:</b>		
<b>Home phone:</b>		
<b>Mobile No:</b>		
<b>E-mail:</b>		

### PLAYER MEDICAL INFORMATION (If YES to 1, 2 or 3, please provide additional details on medical form)

1) Does your child suffer from any condition(s) that require medical treatment, including medication? (Please note that we cannot administer medication)	<b>YES / NO</b>
2) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the past four weeks that may, or may not, become contagious or infectious?	<b>YES / NO</b>
3) Is your child allergic to any medication or food?	<b>YES / NO</b>
4) Has your child received a Tetanus injection in the past 5 years?	<b>YES / NO</b>
<b>Doctor's Name</b>	<b>Doctor's Phone No:</b>
<b>Address</b>	

### DECLARATION & CONSENT:

I confirm that I have answered the questions on this form to the best of my knowledge and belief. I agree to my son/daughter taking part in rugby training, fixtures and activities arranged by Cambuslang Rugby Football Club (CRFC). I acknowledge the need for responsible behaviour on their part. I am aware that neither CRFC, nor anyone acting on its behalf, can accept liability for any loss of property, accidents or injuries caused by, or to, my son/daughter, howsoever caused. I understand there is insurance cover under the SRU scheme; however that cover is extremely limited and applies only in the event of claims arising from accidents resulting in serious injury, disability, or death.

Should the necessity arise, I agree to the person in charge giving consent, on my behalf, for my son/daughter to receive any emergency treatment (including but not restricted to anaesthetic, blood transfusions and invasive surgery) as considered necessary by the medical authorities present.

I give permission for my child to have his/her photograph taken as part of any individual or team photographs and for these photographs to be used and reproduced by CRFC in such a manner as they deem appropriate.

I undertake to inform CRFC of any changes in circumstances immediately.

I agree to follow and will encourage others to follow the relevant Fair play codes in working to create a positive environment for rugby.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## CRFC Junior Section Consent Form Season 2018-19 Additional Medical Information

**PLAYER DETAILS:**

Player's Name	Date of birth	School year

**PLAYER MEDICAL INFORMATION: (Continued from Consent Form)**

Does your child suffer from any condition(s) that require medical treatment, including medication? <b>(Please note that we cannot administer medication)</b>	<b>YES / NO</b>
Details (continue overleaf if required):	
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the past four weeks that may, or may not, become contagious or infectious?	<b>YES / NO</b>
Details:	
Is your child allergic to any medication or food?	<b>YES / NO</b>
Details:	



**CRFC Membership Form Season 2018-19**  
**Junior Section Additional Details**

The section cannot function without a lot of voluntary assistance. If you are interested in helping out, please let us know below

- Registration
- Transport to and from games
- Provision of photocopying, occasional typing or printing facilities
- Social
- Coaching
- Not quite sure what I can do, but I would like to help!
- Other ways I can help \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT DETAILS:**

Player's Name	Parent/Guardian's Name