

## SIDCUP RUGBY FOOTBALL CLUB

### MEMBERSHIP APPLICATION

THIS FORM FOR USE ONLY IN CONJUNCTION WITH 500 CLUB MEMBERSHIP

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: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

**Other family members (if applicable).** These persons will be Family 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 2009

\*\* One gym membership is included with 500 Club membership. A second gym membership costs £120 pa.

## SIDCUP RUGBY FOOTBALL CLUB

SYDNEY ROAD, SIDCUP, KENT, DA14 6RA Tel: 020-8300 2336

### 500 CLUB MONTHLY STANDING ORDER FORM

From: (your personal details)	To: (your bank details)
Name: _____	Bank plc
Address: _____	Branch: _____
	Address: _____
Post code: _____	Post code: _____
Bank account number: _____	Sort code: _____ - _____

#### Payment details

Pay to: Royal Bank of Scotland, 12 Elmfield Road, Bromley, Kent BR1 1LP

Account name: Sidcup Rugby Club 500 Club

Account number: 10153306; Sort code: 16-14-29

The sum of: £ \_\_\_\_\_ (min £17.50 for adult players or £15 for non-players).

Quoting reference number: \_\_\_\_\_ (please leave blank for Club use)

First payment to be made on the first day of.....with further payments made on the first day of each subsequent month until cancelled by me/us in writing.  
This mandate cancels and supersedes any existing mandate(s) for periodic payments to Sidcup RFC.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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: