

# SIDCUP RUGBY FOOTBALL CLUB

## APPLICATION FOR MEMBERSHIP 2009/10 SEASON

I hereby APPLY / RE-APPLY to be a member of Sidcup Rugby Football Club in the category shown below and agree to abide by the Club rules and regulations and to pay appropriate annual subscription. 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 during the course of training, preparation or matches played at Sidcup RFC or other grounds.

See separate forms for 500 Club membership and for Family membership.

ALL INFORMATION IN BLOCK CAPITALS PLEASE

Surname		Mr / Mrs / Ms / Miss
Forename(s)		
Address		
Post code:		Date of birth
Contact numbers (H)		(M)
Email address		
Type of subscription	Cost	Amount due
Adult Player (over 18)	<b>500 CLUB MEMBERSHIP MANDATORY</b>	
Youth Player (U7 – U18)	£60	£
Non-Playing Adult	£60	£
Vice President	£50	£
Senior Citizen	£30	£
Unemployed Adult	£30	£
Student (over 18 on 1 Sept 09 and in full-time education)	£30	£
<b>Total membership subscription</b>		<b>£</b>
<b>GYM USE IS AVAILABLE ONLY ON PAYMENT OF THE ADDITIONAL FEE...</b>		
Gym user fee (over 17s only)	Adult £120/Student £30	£
<b>Total payment</b>	<b>CASH or CHEQUE</b>	<b>£</b>
<p>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.</p> <p>Players who have paid a subscription are insured under the RFU's Permanent Disability &amp; Accidental Death insurance scheme.</p> <p><b>However, players are strongly advised to cover themselves against injury and loss of earnings.</b></p> <p>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 &amp; allergies for emergency situations and for communicating information with you. If you <b>do not</b> wish to receive the following types of information from SRFC please tick the relevant boxes below:</p> <p><input type="checkbox"/> I <b>do not</b> wish to receive by electronic mail (including email, SMS or image messages etc.) information on activities, events, membership and news letters etc from SRFC.</p> <p><input type="checkbox"/> I <b>do not</b> wish to receive by electronic mail (including email, SMS or image messages etc.) information about products / services available from current SRFC sponsors and advertisers.</p>		
Adult applicant's signature		Youth applicant - parent / guardian signature*
Date		* I give permission for the above named child to become a member of Sidcup RFC and to receive emergency medical attention including, should it be necessary, administering anaesthetic whilst in the charge of an official of Sidcup Rugby Club.

CHEQUES SHOULD BE MADE PAYABLE TO **SIDCUP RUGBY CLUB**

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

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**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 you/they are taking on a regular basis or if you/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.....  
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**EMERGENCY CONTACT (Adult and Youth players)**

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

Name ..... Relationship.....

Tel. number(s) (M)..... (H) .....

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**PUBLICATION OF PHOTOGRAPHS & RECORDED IMAGES (Youth players only)**

**I GIVE - I DO NOT GIVE\*** my consent for photographs and recorded images 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

Name ..... Signed ..... Date.....

Young Person

Name ..... Signed ..... Date.....

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Please return completed form together with payment to:

**Ian Anderson, 7 Danson Road, Bexleyheath, Kent DA6 8HA.**

Alternatively, place the completed form and payment in the locked box behind the bar at the Club.

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