



Watford Rugby Football Club

Knutsford Playing Fields, Radlett Road, Watford, Herts Tel (01923) 243292

MMJ

/09-10

JUNIOR PLAYER REGISTRATION FORM 2009/2010 SEASON

PLAYERS NAME: _____

DATE OF BIRTH: _____ AGE (today) _____ SCHOOL: _____

ADDRESS: _____

POST CODE: _____

PARENT /GUARDIAN NAME(S): _____

HOME PHONE: _____ MOBILES: (1) _____ (2) _____

NEWSLETTERS ARE TO BE EMAILED THIS SEASON EMAIL: _____

EMERGENCY CONTACT NAME: _____ TEL NO: _____

In the event of an accident or injury to your child, we require your written consent to allow us to carry out any necessary first aide, and if necessary, to authorise any medical treatment on your behalf. Please complete the details below in order that the correct information may be given to any medical staff. If your child is taking any medication, please ensure that his/her coach/coaching co-ordinator is informed, prior to any game or training session. If your child needs an inhaler please indicate below and ensure it is labelled and readily available at all times. Watford Rugby Club cannot take responsibility for the administration of any medicines. Please also inform us below if your child has an allergy to standard plasters.

INHALER USED YES----- NO-----

MEDICAL CONDITIONS (i.e.: asthma, epilepsy, allergies and existing injury etc):-----

DOCTORS NAME: ----- TEL NO: -----

SURGERY ADDRESS: -----

BY SIGNING BELOW:

- I give my permission for the administration of any medical treatment deemed necessary, including the use of anaesthesia.
- I agree to the young person named above joining WRFC, in addition I give permission for him/her to take part in Rugby training, games and associated activities, including travel to/from away fixtures.
- We (player and parents/guardians) agree to abide by Watford RFCs constitution and bye laws, including all behaviour and disciplinary codes of conduct. We have also read the parents and players code of conduct.

By ticking this box we agree that the player's photo can be used by the club and related organisations for the purpose of publicity.

By ticking this box we request that Watford RFC register the player as a member of Sarries Squad (Saracens Young Supporters Club). This may result in you receiving promotional material from Saracens RFC

PARENT / GUARDIAN SIGNATURE: ----- DATE: -----

PLAYERS SIGNATURE: ----- DATE: -----

Membership fees are £25 per annum for the first child and £10 for each subsequent child. This includes family social membership of the club and the basic compulsory Playing insurance. If the parent is a fully paid up senior playing member, an official, or coach of the club then the fee is £10 per youth player. In addition £2 per game is payable as match fees. There is no charge for training.

Data Protection Act: Information supplied on this form will be held on a computer database and will be used for internal club and RFU purposes. If you object to this please inform the club secretary.

WATFORD RUGBY CLUB REGRETS THAT WE CANNOT ACCEPT ANY RESPONSIBILITY FOR LOSS OR DAMAGE TO ANY PERSONAL POSSESSIONS OR PROPERTY.