

# HERTFORD RFC YOUTH RUGBY - 2011/2012 SEASON

**MEMBERSHIP: HRFC (Hale) Club Annual Membership is payable once only per family and costs £50 to which you must add £70 per Youth player if paid on or before 4.9.11, thereafter £75.  
Please make cheques payable to HRFC Youth Section.**

Player's Surname		Age Group	Under
Player's First Name		Date of Birth	
Mailing Address inc. postcode		Player Mobile No.	
		School	
		School Year (2011/12)	
		Any previous Club?	

If player has any brothers or sisters registered at any age group, including Minis, please indicate names and age groups here  
If Annual Club Membership paid via another age group please indicate which group here;

Father/Guardian's Name*		Mother/Guardian's Name	
Father/Guardian's Home Tel. No.		Mother/Guardian's Home Tel. No.	
Father/Guardian's Mobile Tel. No.		Mother/Guardian's Mobile Tel. No.	
Father/Guardian's Home E-mail address		Mother/Guardian's Home E-mail address	
Father/Guardian's Work E-mail address		Mother/Guardian's Work E-mail address	

\*One Parent or Guardian will be registered as a member of the Main Club. The father will be registered unless you indicate otherwise here

Please indicate any medical conditions of which we should be aware (e.g. allergies, asthma etc.)

**DATA PROTECTION:** I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by HRFC and that I consent to the holding, use and disclosure of this data.

**PHOTOS/VIDEO:** I consent to the photographing/videoing and publication of images of the above named player under the RFU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.

**GIFT AID:** I hereby confirm that I am a UK taxpayer in the current tax year and expect to be in forthcoming tax years. I will notify the Club if this ceases to be the case. I wish the Club to treat my payment in respect of this registration as a Gift Aid payment. Please delete this section if not applicable.

**MEDICAL CONSENT:** In the event of an accident or injury where the coach/administrator is unable to contact either of the contacts named above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.

**LOCAL BUSINESSES:** Do you own your own business or work for a firm which might be able to assist us with sponsorship? The Youth Section is always looking for support and if you may be able to assist us please tick this box and a committee member will contact you to discuss in more detail.

**SKILLS –** Do you have any special skills you can offer the Club? If so, please detail below. NB: we are always looking for anyone with refereeing experience or First Aid Skills

Signed (parent or guardian):

Date :

**Administrator use only**

**Amount Paid: £**

**Cheque / Cash (please circle)**

**HRFC Card No:**