



2011/2012– INITIAL / RENEWAL APPLICATION FOR RUGBY / CRICKET / JOINT JUNIOR MEMBERSHIP

This application form is being used to ensure that all relevant areas of the child welfare policy are being addressed – after completion please return

Please use **BLOCK CAPITALS**

CHILDS NAME.....**DOB**.....**SCHOOL YR**.....

SCHOOL ATTENDING.....

PARENTS/GUARDIANS NAME

ADDRESS.....

POST CODE..... **E-MAIL ADDRESS**.....

HOME TEL NO.....**OTHER NO**.....

EMERGENCY NAME

EMERGENCY TEL NO.....

By returning this completed form and ticking the boxes

- I agree to my son/daughter/child in my care, taking part in the activities of the club.
- I confirm that my child will comply with the Junior Rules
- I confirm that I understand the spirit of the Parents/Spectators code of conduct.
- I also give consent to the use of photography in the coaching of rugby (more details are available from the Child Welfare Officer) in respect of my child.
- I understand that I will be kept informed of rugby activities at the club – for example timing and transport details for away matches when my child is involved.
- I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.
- I am aware that should my child play for a senior team he/she may have to share changing and showering facilities .
- I am aware that I may be asked to use my car to take children to away matches and I confirm that the MOT and Insurance is appropriate

I enclose my subscription as a cheque/cash for £14.00 (under 16) or £28.00 (over 16 but under 19)

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	

For statistical purposes we also need to record information on disability and the club would be grateful if you could complete the next section

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Does your child have a disability? Yes No

If yes, what is the nature of the disability?

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Multiple disability | <input type="checkbox"/> Other (please specify) |

MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes No

If yes, give details

2. Does your child have any allergies?

Yes No

If yes, please give details

3. Does your child have any specific dietary requirements?

Yes No

If yes, please give details

4. Please provide any further information you feel is necessary

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary