

# Junior Player Membership Form

## Minehead Barbarians

Rugby Football Club  
Tom Stewart Field, Ellicombe, Minehead, Somerset  
Tel: 01643 707155  
Email: mbarbarian.rfc.virgin.net

### Players Information:

Full Name:	
Address:	
Date of Birth:	
Age Group and School Year:	

### Parent's Information (Social Member):

Full Name:	
Address:	
Date of Birth:	
Contact Number(s): Email Address:	

Parent's Information will be taken as Emergency contact information unless another is specified.

### Emergency Contact information (if different from Parent's information):

Full Name:	
Address:	
Date of Birth:	
Contact Number:	

## Medical Information

Known Medical Conditions:	
Known Allergies:	
Current Medications:	
Doctor's (Surgery) Name: Contact Number:	

### **Emergency Medical Treatment:**

In the event of an emergency MBRFC will you as soon as possible. However should you not be contactable or are unavailable to make it to the site of the incident MBRFC require permission to seek emergency medical treatment for your child.

**I/We** give permission for an MBRFC representative to seek medical treatment on behalf of my child. **Yes/No**

MBRFC may wish to take photos or videos of the team/players solely for promotion and celebration of the club.

Please indicate if this is acceptable to you: **Yes/No**

**Junior Membership Annual Fee: £10 plus at least 1 Social Membership for a Parent**

**Signed:**.....

Amount Received: Cash/Card	Membership Card Number (Social Member):
-------------------------------	---