

Junior Player Membership Form

Minehead Barbarians

Rugby Football Club

Tom Stewart Field, Ellicombe, Minehead, Somerset

Tel: 01643 707155

Email: mbrfcmembership@gmail.com

Players Information:

Full Name:	
Address:	
Date of Birth:	
Age Group:	
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 contact 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

I will agree to inform the Club if my child gains an injury playing sport outside of the club

I will agree to inform my Childs school or other clubs if my child receives an injury while playing Rugby

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**

The information contained above is required for registration with the Rugby Football Union. It will be held for administration purposes only in the RFU's GMS database and will not be made available to any person outside the Rugby Football Union or Minehead Barbarians RFC officials

Junior Membership Annual Fee: £10.00 plus at least 1 Social Membership for a Parent £5.00

Signed:..... **Date:**

Amount Received:	Cash/Card/Paypal
Club Official:	Membership Card Number: