

Junior Player Membership Form 2023/2024

Minehead Barbarians

Rugby Football Club

Tom Stewart Field, Ellicombe, Minehead, Somerset

Tel: 01643 707155

Email: mbarbarian.rfc.virgin.net

Players Information:

Full Name:			
Full Address & Postcode:			
Date of Birth:		M/F	
Age Group:		School Year	

Parent's Information (Social Member):

Full Name:			
Address:			
Postcode:			
Date of Birth:			
Contact Number(s):			
Email Address:			
Relationship To Child:			

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**

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 a £10 Social Membership for a Parent

Signed:.....

Amount Received.....	Cash Or Card.....	
Club official.....	RFU Number (Child).....	Social Membership.....