**FRFC JUNIOR & MINI MEMBERSHIP**

**Under**

**\_\_\_\_\_\_**

**APPLICATION FORM 2018/19 SEASON**

Player Name: Please Circle: M / F   
Address: Post Code: Contact Name of Parent(s) / Guardian(s):   
Home: Mobile:   
Email(s): Date of Birth School

Academic School Year

Medical Conditions:

**Under 18’s – To be completed by a parent or guardian**

Fairford RFC and the RFU\* will not share your data with a 3rd party and we will always keep your details safe and secure. We will hold your data for a period of 1 year, and the RFU for up to 3 years. We will use your data to contact you about Fairford Rugby Club News and Events. (\* Fairford RFC is an RFU affiliated club)

Do you agree to your child appearing in communication to promote FRFC and permission to take photographs of your child. YES/NO

Do you agree to your child receiving first aid if necessary? YES/NO

Parental Signature: Date:

When all relevant parts of the form have been completed please tick which membership is required and sign and date below.

**Please make cheques payable to Fairford Rugby Football Club**

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| --- | --- | --- |
| **Membership Type** | **Membership Fee** | Tick |
| **Junior Player**  (16 or under on 1st Sept 2017) | £80.00 |  |
| **Additional Child**  (16 or under on 1st Sept 2017) | £30.00 |  |