**FRFC PLAYER MEMBERSHIP APPLICATION FORM 2018/19 SEASON**

Name:

Address:

Post Code:

Phone - Home: Mobile:

Email:
FRFC would like to contact you via email with updates and future events.

Would you like to receive regular information via email? YES/NO

Date of Birth:
Medical Conditions:
Emergency contact details.
Name: Contact Number:

Club insurance covers loss of limbs or death for adults (over 18’s only). You are recommended to obtain your own personal playing insurance.

**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 playing senior level rugby? YES/NO

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

Do you agree to your child travelling in another person’s car? 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 or BACS following details 30-80-95 39973168**

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| --- | --- | --- |
|  **Membership Type** | **Membership Fee** | **Tick** |
| **Senior Player** | **£60** |  |
| **Student Player/U-18** | **£40** |  |
| **University** | **£5** |  |
| **Social** | **£5** |  |
| **Match Fees** | **£30** |  |