



FRFC PLAYER MEMBERSHIP APPLICATION FORM 2021/2022 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 only – To be completed by a parent or guardian

Do you agree to your child playing senior level rugby? YES/NO
Do you agree to your child appearing in publications to promote rugby or FRFC? YES/NO
Do you agree to your child travelling in another person's car? YES/NO

Parent's Signature: _____ Date: _____

(Please tick box) I agree to Fairford RFC using my data as defined in the Fairford RFC Privacy and Data Protection Policy (can be located on Fairford RFC website).

Membership Type	Cost	Tick
Ladies senior team	£50 including match fees	<input type="checkbox"/>
Guest Player	£10	<input type="checkbox"/>

