FRFC JUNIOR & MINI MEMBERSHIP APPLICATION FORM 2022/23 SEASON



Player Name:	Please Circ	le: M/F
Address:		
	Post Code:	_
Contact Name of Parent(s) / Guardian	n(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 yo keep your details safe and secure. We will RFU for up to 3 years. We will use your data News and Events.	hold your data for a period of 1 year,	and the y Club
Do you agree to Fairford RFC holding your	data in relationship to your members	nip <u>YES/NO</u>
Do you agree to your child appearing in c to take photographs of your child.	communication to promote FRFC and	permission <u>YES/NO</u>
Do you agree to your child receiving first o	aid if necessary?	YES/NO
Parental Signature:	Date:	
When all relevant parts of the form have be is required and sign and date below.	peen completed please tick which me	mbership
Please make cheques payable to Fairford	Rugby Football Club	

F.R.F.C

Junior Player £80.
(16 or under on 1st Sept 2022)

Additional Child £60.
(16 or under on 1st Sept 2022)

Membership Fee

Membership Type

Tick