MIDHURST RFC

MEMBERSHIP FORM 2009-10

JUNIOR

FAMILY SURNAME	

	FIRST CHILD	SECOND CHILD	THIRD CHILD
FORENAME			
DATE OF BIRTH			
SCHOOL			

ADDRESS		
	POSTCODE	
EMAIL 1 (Parent)		
EMAIL 2 (Child)		

TEL NO.	HOME		MOB	
	WORK			

PARENTS OCCUPATION (i.e Teacher, Student, Plumber)	

The club is run entirely by volunteers. Which areas of the club would you be willing to be involved in. Please circle at **least one**

Catering **Administration** **Coaching** **Buildings Maintenance** **Parking** **Other** (please specify).

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. Could you please complete this section on behalf of your child.

	FIRST CHILD	SECOND CHILD	THIRD CHILD
Do you consider yourself to have a disability?	Yes/No	Yes/No	Yes/No
If yes, what is the nature of your disability?			
Visual impairment			
Hearing impairment			
Physical disability			
Learning disability			
Multiple disabilities			
OTHER MEDICAL CONDITIONS			

EMERGENCY CONTACT DETAILS: to be completed by parent/carer. Please insert the information below to indicate who should be contacted in case of an incident.

CONTACT NAME	
EMERGENCY CONTACT NUMBER/S	

Photography

By joining Midhurst Rugby Football Club parents and guardians implicitly agree and accept that photographic images may be taken of their son/daughter, during the normal course of rugby activity, and that the images may be used in the local press or in Club publicity in line with RFU'S Policy and Procedures for the Welfare of Young People in Rugby Union.

Data Protection

The information contained on this form will be held on a computer system. The data will only be available to coaches, medical officials; and officers of the club for the sole purposes of administering club events and affairs.