



WELLS RUGBY FOOTBALL CLUB

Affiliated to the Rugby Football Union and the Somerset County Rugby Football Union
Club HQ and Ground ~ Charter Way, Portway {Off A371} Wells, Somerset, BA5 2FB
Telephone 01749 672823



Junior Section Membership Form 2011/2012

Please complete **both sides** of this form and return it with your subscription (cheques payable to Wells RFC – please write players name on reverse) to Stephen Blair, Junior Membership Secretary, 7 Riverside, Lower Godney, Wells, Somerset BA5 1RZ or to the Clubhouse on the registration date.

Micro {U/6}	~ No fee	Junior rugby {U/13's > U/16's}	~ £45.00
Mini Tag rugby {U7's > U/8's}	~ £35.00	Youth rugby {U/17's & Junior Colts}	~ £45.00
Mini/Midi rugby {U/9's > U/12's}	~ £40.00	** £5.00 reduction for subsequent siblings **	

If you have any queries or concerns regarding membership, please do not hesitate to phone on 01458 831788.

Full Name of Player		Date of Birth
Player's Address		
Post Code	Telephone	
Mobile(s) (Parent/Guardian)		
E-mail address(es)		
Name of Parent(s) or Guardian(s) (with whom player resides)		
Name of Adult who usually accompanies Player (if different from above)		
Telephone	Mobile	
School		

200 Club Member	YES/NO*	New Member	YES/NO*
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Wells RFC have developed a comprehensive website and are keen to promote the activities of the Junior/Mini section of the club. This may involve group or individual photographs being used to enhance articles and reports. No individual names will be listed on photographs on the website or in the media but names may be included within the text. If you do not wish for your child's photograph to be used either in a group or as an individual or you do not want their name listed please ask your age group coach or any Junior/Mini committee member for the appropriate form.

The website is a key medium for communication between coaches and players or parents. Please register on the website and let us know your username

Username

I would like my son/daughter* to join Wells RFC Junior Section. I Understand that Wells RFC, its servants, agents or employees are not under any liability whatsoever for loss of property, accidents or injuries of or to my son/daughter* however caused during the course of training preparation or matches at Wells RFC or other grounds.

Signed (Parent/Guardian*)	Date
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* please delete as necessary

Continued ...



www.wellsrfc.co.uk





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Medical Details

Please be assured that any information is treated as strictly confidential

Does he/she have or has he/she had any of the following:

Asthma	Yes/No*	Heart Condition	Yes/No*	Fits, fainting or blackouts	Yes/No*
Bronchitis	Yes/No*	Severe Headaches	Yes/No*	Diabetes	Yes/No*
Sight problems	Yes/No*	Hearing problems	Yes/No*	Other Medical Condition	Yes/No*

If YES please give details

Is he/she taking any regular medication Yes/No*

If YES please give details

Is he/she allergic to anything (e.g. antibiotics, aspirin, particular food or drugs, etc)? Yes/No*

If YES please give details

Date of last Anti-tetanus injection (if any)

Name of Family Doctor	Telephone
Address	

Medical Consent

I agree to notify my son's/daughter's Coach should any of the above information change.

I do/do not* object to anti-tetanus immunisation being carried out in the event of an accident.

If it becomes necessary for to receive medical treatment and I cannot be contacted by telephone and a doctor considers that the delay required to otherwise obtain my permission will be detrimental to my son/daughter, I hereby give my consent to any necessary medical treatment and authorise the Wells RFC coach in charge to sign any document required by the hospital authorities.

Signed (Parent/Guardian)	Date
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* please delete as necessary

