

**WHARFEDALE RUFC – MINI & JUNIOR SECTION
APPLICATION FOR MEMBERSHIP SEASON 2020-21**



PLAYING MEMBERS

	CHILD ONE	CHILD TWO	CHILD THREE
FIRST NAME & SURNAME			
DATE OF BIRTH (DD/MM/YYYY)			
AGE GROUP e.g. Under 7s			
RFU REGISTRATION NO. (To be completed by Club)			

PLEASE GIVE DETAILS OF MEDICAL CONDITIONS / ALLERGIES AND RELEVANT MEDICATION

MEDICAL CONDITIONS/ ALLERGIES			
NAME OF MEDICATION			

PLEASE ENTER DETAILS OF SCHOOL(S) ATTENDED BY YOUR CHILD/CHILDREN

SCHOOL			
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PARENT/GUARDIAN CONTACT DETAILS

MAIN CONTACT Name & title (e.g. Mr, Mrs etc).	ALTERNATIVE CONTACT Name & title (e.g. Mr, Mrs etc).
Date of birth	Date of birth
Address including postcode	Address including postcode
☎ Home	☎ Home
☎ Mobile	☎ Mobile

Email address	Email address																						
TOTAL FAMILY FEE TO PAY £ _____ (MINIMUM £80.00)	<p>Note on Fees: - Parents can choose from the following membership options.</p> <table> <tr> <td>Season ticket</td> <td>£166</td> <td>Joint Season ticket</td> <td>£308</td> </tr> <tr> <td>Vice President</td> <td>£65</td> <td>Member</td> <td>£40</td> </tr> </table> <p>THEN ADD ON THE RELEVANT AMOUNT FOR YOUR CHILD / CHILDREN:</p> <table> <tr> <td>First Child</td> <td>£40</td> <td>Each Additional Child</td> <td>£20</td> </tr> </table> <p>Cheques payable to: - Wharfedale RUFC Mini & Junior Section</p> <table> <tr> <td>eg Parent member</td> <td>£40</td> </tr> <tr> <td>First Child</td> <td>£40</td> </tr> <tr> <td>Total</td> <td>£80</td> </tr> <tr> <td>Second child</td> <td>£20</td> </tr> <tr> <td>Total</td> <td>£100</td> </tr> </table>	Season ticket	£166	Joint Season ticket	£308	Vice President	£65	Member	£40	First Child	£40	Each Additional Child	£20	eg Parent member	£40	First Child	£40	Total	£80	Second child	£20	Total	£100
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<p>Consent I give consent for Wharfedale RUFC to video, photograph and publish my child's involvement in rugby including on the public Wharfedale Facebook pages, web-site and in the Wharfedale match programme etc.</p> <p>I declare the above information is correct, especially regarding medical issues and in signing this form I agree to be bound by the laws and resolutions of Rugby Football Union and its constituent body and rules of Wharfedale RUFC.</p> <p>In the event of a medical emergency I give consent for the club to treat my child with first aid and to contact the emergency services if required.</p> <p>Signed Parent/Guardian</p> <p>Date.....</p>	<p>Accepted on behalf of the Club by :</p> <p>Date.....</p> <p>Payment Received CASH/CHQ £.....</p>																						

A passport size photograph is required for all players new to the club and also those in the U10's, U13's and U16's. Please e-mail the photograph to wharfedalegms@gmail.com or submit with this form.

Please read our Privacy Policy as it provides details and information about how we manage your personal data. It is available to view on our web-site at www.wharfedalerufc.co.uk/the-club/privacy-policy/

Please NOTE:-

- 1) The age group is defined by the player's age on 1 September 2020.
- 2) The Mini section comprises age groups Under 6 to Under 12. The Junior & Youth section comprises age groups Under 13 to Under 17. Colts comprise Under 18.
- 3) Data Protection - I realise that personal data is held electronically and I give consent to do so on the understanding that it will not be divulged to any third party.
- 4) All player members of Wharfedale RUFC wishing to play competitive rugby have to be registered with the Rugby Football Union - RFU. Information on this form will be recorded on the Wharfedale RUFC and the RFU's Game Management System database.