

**SALCOMBE R.F.C.
JUNIOR SECTION
PLAYERS REGISTRATION 2011/2012**

Date:
DRFU ID:

Child's Name: _____

Date of Birth: _____

Child's Age on 01/09/11: _____

Parent/Guardian Name: _____

Parent/Guardian Occupation: _____

Address: _____

Home Phone: _____

Mobile: _____

Email: _____

Alternative Contact: _____

My preferred method for contact is by* email / SMS / home phone / mobile phone
** please select*

**Please give details on all health issues or special needs including asthma and diabetes,
and any medications taken**

Family Doctor: _____

Telephone No: _____

School: _____

Photography Policy (please delete as necessary)

- I give consent for my child to have their photograph / video taken for publicity purposes.
- I will ensure that my child is supervised to make sure they are not included in any photograph/video should this be the case.

Please complete and return this form along with payments to Martin Gautier as soon as possible, many thanks.

A new form must be completed at the beginning of each season