

# SALCOMBE RFC JUNIOR SECTION PLAYERS REGISTRATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Age on 1<sup>st</sup> Sept: \_\_\_\_\_

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.

## Core Values

- ✓ I accept to work and play by the RFU's Core Values ([SalcombeRugby.org.uk/what\\_we\\_promote](http://SalcombeRugby.org.uk/what_we_promote))

Please complete and return this form to **Martin Gautier** as soon as possible, many thanks. A new form must be completed at the beginning of each season