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Please complete, or check and amend, these details

Player - Touch Rugby

| | | | |
|--|-----------------|--------------------------------------|----------------------------------|
| RFU ID | | First Name | |
| Building Name | | Last Name | |
| Address | | | Date of birth |
| Town | | | Postcode |
| Phone | | Email | |
| Consent to treatment on pitch ? | YES / NO | Relevant medical conditions ? | NO / YES (Please specify) |

| | | |
|----------------|----------------------|----------------------|
| Parents | Name | Name |
| | Phone | Phone |
| | Email | Email |
| | Date of birth | Date of birth |

Insurance RFU compulsory insurance cover is only available for players who are paid-up members of the Club. The scheme does not cover loss of earnings. It is up to each player to arrange additional personal insurance cover if they are not satisfied with the cover provided by the RFU.

Data Protection / GDPR The Club will retain and use your personal data (including potentially sensitive data) for the purpose of participation in rugby, facilitating membership and use of the Club facilities, for regulatory reasons and to send you information about Club activities from time to time by post or via email. Your email address will not be given to anybody other than for one of the above purposes. Email will be the Club's primary method of communication this season. **Please ensure you provide us with a regularly-used email address.**

PTO For additional information and parental / guardian approvals

Playing Membership categories are :

| | | |
|----------------------|--|-----|
| Touch Union - Junior | Players under 16 on 1 September 2023 | £15 |
| Touch Union | Players 16 or over on 1 September 2023 | £30 |
| | Paid in full as another type of member (MJ, Girls, etc.) | FOC |

| | | | |
|------------------------|---|---------------------|-----------------------------------|
| Office use only | Payment received | £ | Payment received by office |
| Payment type | Cash / Cheque / Card / St. Order / BACS | | Payment logged in accounts |
| Payment Card | New / Renew | TouchOffice updated | GMS Updated |

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PARENTAL / GUARDIAN DECLARATION

I CONFIRM that the information contained in this form is true to the best of my knowledge and belief and that I have the authority to give the necessary consents where appropriate.

I UNDERSTAND that as a member of the Club my child is subject to the Club rules and codes of conduct as well as the RFU rules and regulations appropriate to their age group and that any breach of these will be dealt with in accordance with the disciplinary procedures laid down by the Club and the RFU.

I UNDERSTAND that as a parent I am automatically an 'associate member' of the Club and I **AGREE** to abide by the RFU and Club rules, regulations and codes of conduct and agree to ensure my child is aware of their obligations under the rules, regulations and codes of conduct.

I UNDERSTAND that where I have given my consent to my child receiving emergency medical treatment and the taking/use of photographic images of my child for promotional purposes, withdrawal of that consent must be given in writing to the Safeguarding Officer with 7 days' notice.

PARENT / GUARDIAN'S FULL NAME

..... **(please print)**

SIGNED **DATED**

Details for payment by BACS :

A/c Driffield RUFC Ltd Sort Code 40-10-12 A/C No 61588303 Ref: Subs Lastname Firstname