



# Alton Rugby Football Club Registration Form



In order to play rugby, train, coach others to play and be insured to do so you must first be a member of Alton Rugby Football Club.

**Primary Contact Details** (use the reverse of this form to enter Junior / Mini Player details)

Title: .....

First Name: .....

Surname: .....

Address: .....

Postcode: .....

Telephone: .....

Mobile: .....

Email: .....

Please indicate with an **X**, the type of membership/s that you wish to apply for:

Membership Type	Fees	
Playing Membership Full Senior Men Option 1	<b>£15 per month via "Go Cardless"</b>	<input type="checkbox"/>
Playing Membership Full Senior Men Option 2 †	<b>£150 per annum</b>	<input type="checkbox"/>
Playing Membership Full Senior - Vets Option 1 #	<b>£6.50 per month via "Go Cardless"</b>	<input type="checkbox"/>
Playing Membership Full Senior - Vets Option 2 # †	<b>£65.00 per annum</b>	<input type="checkbox"/>
Playing Membership Under 18 *†	<b>£70</b> (1 <sup>st</sup> child only, additional children £35)	<input type="checkbox"/>
Non-Playing Membership Full	<b>£45</b>	<input type="checkbox"/>
Non-Playing Membership Full Referee/Coach/Manager (club appointed only)	<b>£35</b>	<input type="checkbox"/>
Honorary Membership (conferred by club)	<b>£0</b>	<input type="checkbox"/>

**Key:**

- \* **Full Membership is required as a minimum for one parent/guardian in each playing family**
- † 50% discount for players joining the club from 1<sup>st</sup> January
- # Players of 35 years and over, not playing regular 1st or 2nd XV rugby

**Notes:**

- Club appointed coaches, referees and managers should select the 'Non-Playing Membership Full Referee/Coach/Manager' type, unless they are already a 'Full Playing' member.
- All Full Members have voting rights.
- Playing Membership Under 18 confers Associate Junior Membership of the club.



# Alton Rugby Football Club Registration Form



### Junior/Mini players ONLY

First Name: .....	Surname: .....	Squad
DOB: .....	School: .....	
First Name: .....	Surname: .....	Squad
DOB: .....	School: .....	
First Name: .....	Surname: .....	Squad
DOB: .....	School: .....	

<b>Please answer the following important statements where appropriate;</b>	Tick
I give permission for Alton Rugby Club officials to seek immediate medical assistance and any other treatment if an emergency occurs to myself or my child/children if they are injured.	<input type="checkbox"/>
I have completed the separate medical questionnaire form to assist in the above.	<input type="checkbox"/>
I do not wish photographs of my children to be used in Alton RFC publicity or press articles.	<input type="checkbox"/>

### General Notes

1. Cheques should be made payable to "Alton Rugby Club" for seniors and "Alton Junior Rugby" for juniors.
2. Senior and Vet players have the option of paying monthly via "Go Cardless".
3. Members over the age of 18 will be required to assist with catering and bar duties from time to time.

### Notes for Junior Rugby

1. For Junior playing members new to Alton RFC, on receipt of this form and appropriate remittance, your child/children will be registered with the RFU.
2. The bar and kitchen are fundamental to the financial and social base of the club and to the hospitality we offer to visiting clubs.

**It is a registration requirement that an adult family member helps in at least one bar duty and one kitchen duty per season.**

I apply for the indicated class of membership of Alton RFC Ltd and attach cash/cheque for £.....  
Please ensure that you obtain and retain a receipt in return for your payment in case of query.

Season..... Signature ..... Date.....

The Club maintains a database of all members and the information you have provided will be entered on to that database.  
If you object to this or have any other queries please contact the Honorary Club Secretary.

For club use only

ARFC – Membership Registration Form v4.8 Aug 16

Senior Reg.	Ladies Reg.	Junior Reg.	Mini Reg.	Associate Reg.	Coach Reg.	Membership Sec.	Medical Form
						Yes	



Alton Rugby Football Club Ltd  
**Player Medical Questionnaire**



In an effort to ensure the health and safety of all Alton Rugby Club's current and prospective players, the Club ask that all players fill in the following medical questionnaire.

In the event of you sustaining an injury or needing medical attention as a result of an existing (or aggravated) medical condition this information will be helpful in the treatment of any such occurrences. All information will be dealt with in the strictest confidence. Alternatively should you wish to discuss any such matters in private please approach your head coach or team manager. Please note that you or your parent / guardian are accountable for filling in this form and submitting it to the club management. Whilst Alton Rugby Club will always do everything to ensure the safety of all its members, the club cannot be held responsible in the event of you needing treatment relating to specific condition or injury that you have not informed us about. Once again, it is in your interests to supply the information.

**Please fill in player details below:**

First Name: .....	Surname: .....
Date of Birth: .....	Gender (M/F): .....
Contact: in emergency .....	Relationship: .....
Contact Tel: .....	Mobile Tel: .....

**Part 1: Medical Conditions**

Please list below any medical conditions / allergies (Asthma, Epilepsy, Diabetes, etc). If none, please state 'None'

	Medical Condition
1	
2	

**Part 2: Medication & Miscellaneous**

		YES	NO
1	Are you currently taking any medication or other prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you allergic to any medication or drugs e.g. antibiotics? If so please list:	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you use an inhaler of any kind to control asthma or any such conditions? If so please list:	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you know your Blood Group? If so please specify:	<input type="checkbox"/>	<input type="checkbox"/>
4	What was the date of your last Tetanus Jab? Please specify:		

I have read and understand the outlined form and to the best of my knowledge have given accurate information.

Signature .....

Date.....