



**PRESTON GRASSHOPPERS
MINI JUNIOR & COLTS RUGBY
PLAYERS REGISTRATION / RENEWAL FORM**

/

IMPORTANT PLEASE ENSURE THIS FORM IS FULLY COMPLETED

First Names _____	Age Group _____
Surname _____	Date of Birth / / on 1st. September this season
Address _____ _____ _____	Copy of Birth Certificate attached _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Town _____	School _____
Post Code _____	Do you play Rugby at School? _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent's Name _____	RFU Form enclosed? _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent's Name _____	Sports at which you represented County, Town, School etc: _____ _____
Home Telephone _____	_____
Mobile Telephone _____	_____
Email Address _____	_____
Emergency Contact _____	If new player how did you first here of Hoppers _____
Emergency Telephone _____	_____ _____ _____

Three (3) "photo booth style" photographs are required for **ALL NEW** players plus **ALL UNDER 13s:** the age for "re-registration" under the RFU scheme.

We also require a copy birth certificate for all **NEW** players to submitted with the player's first Club Registration Form

Rugby Union is a sport which involves physical contact. Any sport which involves physical contact has inherent dangers. It is very important that players play the game in accordance with the Laws of the Game and be mindful of the safety of themselves and others. It is the responsibility of those who coach the game to ensure that players are prepared in a manner which ensures compliance with the Laws of the Game and in accordance with safe practices. Spectators should watch matches and training from a safe distance, respecting the involvement of match officials and replacement players.

The above player agrees to abide by Preston Grasshoppers Rugby Football Club's rules and the Players' Code of Conduct outlined within the Fixture Book and displayed in the Club. The Registration Form signifies a restricted membership of P.G.R.F.C.

I enclose £25 registration fee for the above player.

Signed	Parent / Guardian (delete as appropriate)
	(Print Name)
Registered by (Official Use)	Treasurer/Secretary (delete as appropriate) (Official Use)

Computer ID	Received £	Handbook?	RUF Number

CONSENT TO PHOTOGRAPHY

I hereby consent to the use of photography and recorded images of the player detailed overleaf - under the RFU child protection and best practice guidelines. I also confirm my legal entitlement of giving this consent

Signed (Player / Parent / Guardian)
(Delete as appropriate)

Date / /

DECLARATION OF PLAYER'S MEDICAL CONDITION AND EMERGENCY CONSENT FORM

Important - Please complete this form in block capitals

The player detailed overleaf has / has not (detail as appropriate) a medical condition of which you should be aware.

If the player has a medical condition, please give a description below: _____

If the player is taking any prescribed medicines, please list below: _____

If the player has any known allergies or sensitivities, please list them below: _____

In the event of any illness or accident requiring emergency treatment, I authorise the team administrator, coach, person in charge or his / her appointee to sign on my behalf any written form of consent required by a hospital or other medical authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

This covers anaesthetic to be administered or other urgent treatment, including, but not limited to, blood transfusions and invasive surgery

The player has / has not (delete as appropriate) been immunised against tetanus within the last three years.

Player's blood group (if known) _____

I confirm my responsibility to inform the Team Manager or Team Coach in writing of any changes to the details recorded on this form during the course of the current season.

Signed (Player / Parent / Guardian)
(Delete as appropriate)

Date / /
