

Please complete form in BLOCK CAPITALS (except email address). The front of this form MUST be completed by an adult.

2010/11 EASTBOURNE RUGBY FOOTBALL CLUB MEMBERSHIP APPLICATION FORM					
DETAILS	ADULT MEMBER (please record playing children's details on reverse)				NEXT OF KIN (if playing member) SPOUSE/PARTNER (if non playing member)
FIRST NAMES					
SURNAME					
ADDRESS INCLUDING POSTCODE					
DATE OF BIRTH					
HOME TELEPHONE NO.					
MOBILE NO.					
E-MAIL ADDRESS					
OCCUPATION					
Please complete <u>all</u> of the following but only if you are a <u>playing member</u>					
USUAL TEAM	1ST	2ND	3RD	4TH	
DOCTOR'S NAME					
NAME OF SURGERY AND TELEPHONE NO.					
MEDICAL CONDITIONS					
<p>I wish to apply for membership of ERFC. I agree to abide by and adhere to the rules of the Club, the laws and spirit of the game, and to all applicable guidelines, procedures and codes of conduct as published in the club handbook and/or by the RFU. I also agree to allow authorised club officials or the licensed media to take official photographs involving myself/my child in connection with the club's rugby activities.</p>					
<p>Disclaimer: I do not know of any medical reason why I/my child named above should not participate in Rugby Union Football and give my consent to myself/him/her taking part. In the event that I/my child be taken ill or injured while in the care of the coaches or other responsible offices of the club, I authorise club coaches and physiotherapist to have access to my/my child's medical information. Should it not be possible to discuss with/contact me, and in the event that surgical intervention or an injection is necessary, I authorise the coaches in charge to sign on my behalf any written consent to operate, as required by the medical authorities.</p>					
..... Member's signature		 Date		

PLAYING CHILDREN'S DETAILS	CHILD 1
FIRST NAMES	
SURNAME	
ADDRESS INCLUDING POSTCODE (if different from overleaf)	
HOME TELEPHONE (if different from overleaf)	
MOBILE (if different from overleaf)	
E-MAIL ADDRESS (if different from overleaf)	
DATE OF BIRTH	
AGE ON 1 SEPTEMBER 2010	
SCHOOL/COLLEGE	
DOCTOR'S NAME	
NAME OF SURGERY AND TELEPHONE NO.	
MEDICAL CONDITIONS	
PLAYING CHILDREN'S DETAILS	CHILD 2
FIRST NAMES	
SURNAME	
ADDRESS INCLUDING POSTCODE (if different from overleaf)	
HOME TELEPHONE (if different from overleaf)	
MOBILE (if different from overleaf)	
E-MAIL ADDRESS (if different from overleaf)	
DATE OF BIRTH	
AGE ON 1 SEPTEMBER 2010	
SCHOOL/COLLEGE	
DOCTOR'S NAME	
NAME OF SURGERY AND TELEPHONE NO.	
MEDICAL CONDITIONS	

Note: If you have more than 2 children who play at the club, please use a second form.