



www.ashrugbyclub.co.uk

Ash RFC Senior Membership Form 2023 - 2024	
PERSONAL INFORMATION	
Name:	
Date of birth:	
Current address:	
Town/Village:	Postcode:
Contact Phone Numbers:	
Mobile:	Home:
EMERGENCY CONTACT	
Contact Name:	
Relationship to you:	
Contact Phone Numbers:	
Mobile:	Home:
EMAIL ADDRESS	
Player:	
MEDICAL CONDITIONS/MEDICATIONS	
Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, diabetes, etc.)	
Are you taking any form of medication that relates to the above?	

ADDITIONAL INFORMATION

DECLARATION: I understand that, whilst great care is taken to maintain the highest standards of safety during coaching sessions and matches, Ash RFC or any of its members can accept no liability for any loss of property, accidents or injuries, to players, however caused. I agree to abide by the Codes of Conduct for Players and Spectators and other policies published on the Club website.

SAFEGUARDING: I understand Ash RFC has appointed an officer in accordance with the guidelines produced by the RFU and our Policy is maintained in line with the current RFU recommendations. I agree to abide by these guidelines.

PHOTOGRAPHY: I understand that team, training, and match photographs or videos may be taken by persons appointed by Ash RFC for publicity or coaching purposes (including publication on the club web site, local newspapers, etc). It is the Club's policy NOT to identify players individually. I understand that any photographs of Club activities I take are for purely personal use. They must not be published or shared in any form, including social media, without permission from the Club.

WHATSAPP: I understand that Ash RFC teams may use WhatsApp groups to communicate. I agree to my telephone number being shared within this group and understand that this will not be shared. Any messages that are added that you may feel are inappropriate please report to the group admin or to the club Safeguarding Officer. WhatsApp guidelines are displayed on the club noticeboard.

MEDICAL PERMISSION: I agree / do not agree (*delete as appropriate*) to emergency treatment arising from any incident, including an anaesthetic, if required, and have given full details of relevant medical conditions in the PERSONAL DETAILS section above.

GENERAL DATA PROTECTION REGULATION (GDPR): The information provided on this form will be held additionally on the RFU database, Game Management System. This data will only be made available to coaches and officers of the club for the sole purpose of administering club events & affairs. Your data will not be shared or sold to any sponsors.

Signature of Player:

Date:

Membership Fees - Seniors = £100 per year (£80 for students)

Match Fees - Seniors = £10 per game, paid at the game.

*Membership to be paid before the end of **September 2023**.*

Payment Details:

Bank Transfer

Date payment made _____

To pay by transfer HSBC bank

Sort code: **40-40-34**

Account number: **51080806**

Reference : please use the **your surname and initial**.

September 2023