

Micro Registration Form

Linlithgow Rugby Club



founded 1922 reformed 1970
www.lrfc.club

Name of Player

Address.....

.....

Postcode..... Home Telephone

Parents' MOBILES

Email addresses

Date of Birth School and year

Details of any medical condition we should be aware of:

.....

.....

Membership Category (please tick one of the following boxes):

Micro – Individual member- £50

Micro – Family member - £0

Micro Registration Form

Emergency Contact:

Please indicate two contact names and telephone numbers:

- 1.
- 2.

Parental Consent:

I agree to my child participating in rugby training, practices and matches for the Season 2017-2018. I also consent to my child receiving first aid and medical treatment as appropriate and give permission for the club to use any team or action rugby photos on the club website to the standards approved by the Club Executive.

All the information provided on this form is correct at time of completion.

Signature of Parent/Guardian

Print name **Date**

Linlithgow Rugby Club will work together with selected local businesses. If you prefer not to receive marketing information from our sponsors please tick this box.

We also ask you to help with catering, transport, fund-raising and we hope you will feel able to join in the Club's social events.

Important note: Membership of Linlithgow Rugby Club means that you will be provided with the statutory basic personal accident insurance cover provided through the club's subscription to the SRU Club Scheme. You may wish to take out separate and additional general insurance cover.