

School Player Registration Form

Linlithgow Rugby Club

Linlithgow Academy



founded 1922 reformed 1970



Name of Player

Address.....

.....

Postcode..... **Home Telephone**

Telephone MOBILE

Email address

Date of Birth **School and year**

Details of any medical condition we should be aware of:

.....

.....

Youth – Individual member- £110

Youth – Family member - £0

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Emergency Contact:

Please indicate two contact names and telephone numbers:

1.

2.

Signature of Player **Date**

Parental Consent (to be signed where player is under 16 years of age):

I agree to my child participating in rugby training, practices and matches for the Season 2016-2017. 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 Football 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 and fund-raising. We hope you will feel able to join in the Club's social events.

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