

# Wee Red MICRO ( P1 -P3)

## Linlithgow Rugby Club



founded 1922 reformed 1970  
[www.lrfc.club](http://www.lrfc.club)

**Name of Player** .....

**Address**.....

.....**Postcode**.....

**Date of birth**.....**School & Year**.....

**Contact Name 1**.....**Mob:**.....

**Email**.....

**Contact Name 2**..... **Mob:**.....

**Email**.....

**Details of any medical condition we should be aware of:**

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**Membership Category (please tick):**

**Individual member- Annual cost - £55**

**Individual member – Monthly cost - £5.04**

**Micro – Family member - £0**

**Data Privacy:** We have reviewed and revised our privacy policy to ensure compliance with the General Data Protection Regulation. Our Data Privacy Policy is available to view in full on the Club’s website [www.lrfc.club](http://www.lrfc.club)

**Parental Consent:**

I agree to my child participating in rugby training, practices and matches for the Season 2019-2020. 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 .....**

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.**