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|  | **Verulamian RFC** | | |  |
|  | **Mini / Junior Section 2023 / 2024 Season** | | |  |
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New Member Registration

# **Please read this form CAREFULLY - This form is to be signed by the Parent or Guardian of the named child. Details provided on this form will be held on a password-protected spreadsheet for ease of club administration. Completion of this form confirms your agreement to this data being held in this manner. Any concerns should be addressed to the Registration Coordinator (**[**juliette.veesrugby@gmail.com**](mailto:juliette.veesrugby@gmail.com)**). Completion of this form does not negate the need to register with the RFU.**

# **aLL players need to be registered on the RFu database “gms”.** [**https://gms.rfu.com/GMS/Account/Login**](https://gms.rfu.com/GMS/Account/Login) **. it is the parent’s responsibility to ensure all playing/training children are registered correctly and have an rfu id number. WITHOUT AN RFU ID NUMBER, NO CHILD CAN PLAY IN MATCHES (INCLUDING “FRIENDLIES”)**

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| **PLAYER DETAILS** |  | | |
| **Surname** |  | | |
| **First Name** |  | | |
| **Date of Birth:** |  | | |
| **Age as at 1st September 2023:** |  |  | **Squad: Under** |
|  |  |  |  |
| **CONTACT INFORMATION** | **Primary Contact (Parent Member)** |  | **Secondary Contact (optional)** |
| **Relationship to Player** |  | |  |
| **Name** |  | |  |
| **Mobile Phone Number:** |  | |  |
| **Email Address** |  | |  |
| **MEDICAL INFORMATION** |  | |  |
| **Does player have medical conditions / allergies / dietary problems?** | *Please ensure these are also identified on GMS.* | | |
| **PHOTOGRAPHY** | **I DO / DO NOT (delete as appropriate) give permission for the above player to be photographed in accordance with the Verulamian RFC Photographic Policy.**  *This question is required to be completed on GMS. If you do not give permission for your child to be photographed and/or for their photograph to be used in match reports, etc., please make sure your child’s coach is informed and is aware.* | | |
| **SCHOOL INFORMATION** |  | | |
| **School/Education Establishment:** |  | | |

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| **MEDICAL PERMISSION - I authorise the Club Official in charge to give medical staff permission to administer necessary treatment to the above-named player, whilst representing Verulamian RFC. In the event of illness or accident requiring emergency Hospital treatment, I authorise the Club Official in charge, to sign on my behalf, any written form of consent required by the Hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the Doctor / Surgeon in charge.** |
| **DATA PROTECTION (GDPR) - I agree to Old Verulamian Rugby Club Limited (playing as Verulamians) to hold the above provided details for the purposes of administering the Mini/Junior section of the club & Rugby Football Union. I understand the above named Primary contact (Parent member) & child member will both be members of the RFU and their details will be held on a password protected Excel spreadsheet which will be made available to Club officers on an as needed basis.** |

**HELPERS: Verulamians RFC can only operate if all parents/guardians volunteer a minimum of 2 sessions per season. By signing this form, you are confirming your agreement to this, and will make yourself available at least two Sundays.**

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| **DECLARATION - I declare that the above is correct. In signing this form, I agree that the above-named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of Verulamian RFC.** |

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| **Signature of Parent / Guardian:** |  | **Date:** |

**Form to be returned to: juliette.veesrugby@gmail.com**