**RFU Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** |  | | | |
| **Forename(s):** |  | | | |
| **DOB:** |  | **Previous Club** | |  |
| **Emergency Contacts:** | 1 | | | |
| 2 | | | |
| **Address:** | Post Code: | | | |
| **Contact Number** | Home | | Mobile | |
| **Email Address:** |  | | | |
| **Doctors Name:** |  | | | |
| **Surgery:** |  | | | |
| If you suffer from any medical conditions or allergies please list below. If applicable Doctors letter regarding suitable treatment. | | | | |

Membership Details – Please tick as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| **Player Membership** - £60 | | |  |
| **Family Membership** – 1 Adult Player + Child Player + 1 Adult Social Member  1 Child Player £90 2 Child Players £120 3 Child Players £130  Name of Child & Team | | |  |
| Total Amount £\_\_\_\_\_ Cheques made payable to Pocklington RUFC | | | |
| **Declaration**  I understand that Pocklington RUFC, its servants, officers, agents or employees are not under any liability for the loss of property, accidents or injuries incurred whilst participating in activities at Pocklington RUFC or any other venues where matches are played.  I accept that media images may be taken, by coaches and other authorised persons while the player is playing.  I consent to any emergency treatment necessary during the course of the season and I will keep the club informed of any change in medical circumstances.  I agree to adhere to the club’s Code of Conduct. These can be found on the clubs’ website: [www.pocklingtonrufc.co.uk](http://www.pocklingtonrufc.co.uk) | | | |
| Signature |  | Date | |