

TOWCESTRIANS RUGBY CLUB DATA COLLECTION FORM – 2009/10 Season

We are trying to ensure that we hold up to date information in addition to the information collected from the RFU form. It would be appreciated if you could complete and sign this form and return to Registration Secretary or your Team Manager along with the Annual Registration fee.

Player Information:	
Name:	Permanent Address:
Date of Birth:	
Home Telephone No:	
Gender:	
Email Address:	Postcode:
Alternate email address:	RFU No (if known):
Does the player play any rugby outside the club? Please tick if relevant	
Plays at School <input type="checkbox"/>	Alliance Player <input type="checkbox"/>
NSRA/County Player <input type="checkbox"/>	RFU School of Rugby <input type="checkbox"/>
EPDG <input type="checkbox"/>	East Midlands <input type="checkbox"/>
Other <input type="checkbox"/>	(Please specify)

School Information:	
School:	School Telephone:
School Postcode:	School Year:

Medical Information:			
Doctor's Name:		Doctor's Address:	
Doctor's Telephone No:			
Dental Practice:		Dental Practice Telephone No:	
If the player has any medical condition or allergies or take medications which coaches should be aware of, please provide details below:			

Emergency Contact Information: (Please provide at least two contacts which can be used in the event of an emergency)			
Name:		Relationship to Child:	
Telephone Number:			
Name:		Relationship to Child:	
Telephone Number:			
Name:		Relationship to Child:	
Telephone Number:			

Photography:

The club occasionally takes photographs of players during matches and training sessions and use these photos to promote the club either on our website or in print. If you do not agree to this, please tick here

Code of Conduct:

The RFU and the club have Code of Conducts for its players, parents and spectators. By being a member of Towcestrians you agree to abide by these Codes of Conduct. Details of the Codes of Conduct can be found on the notice board and on the club website www.towsrus.org

Should any of the above information change, it is my responsibility as a parent or guardian to ensure that the above information is kept up to date.

Signed:

Print Name: Date:

Relationship to child: