ESHER RUGBY – 2018/2019 Season

PARENT+CHILD Membership 2018-2019 Season

N.B. PARENT Membership is included with Youth (Mini/Junior) Subscription

(RFU PLAYER REGISTRATION FORM ALSO REQUIRED For NEW Registration)

Esher Rugby Club is a members club and all members have to be over 18. For all players under 18 a nominated parent/guardian will be the member. Membership covers the member and child(ren) for the use of the club's facilities, and includes free entry to the 1stXV home matches for the Adult member on production of membership card and accompanied by your child wearing ERFC shirt.

Parent /Guardian First Name:		Surname:
Address		
Post Code:		D.O.B (RFU Requirement)
Telephone:		Mobile:
Email:		
Occupation:	Employer:	JobTitle:

Esher Rugby is a members club run by volunteers. All members are requested to help with the running of the club. Please indicate where you would be willing to help.

I want to Volunteer as …….

OR, I am too busy or lazy and wish to buy out my time commitment to the club for a DONATION of £……

GMS CATEG.	MEMBER CATEGORY	CHILD NAME & AGE	SUBSCRIPTION	TOTAL
2	ADULT * + CUB (under 6yrs)		£110 + £45 = **£ 155**	
2	ADULT * + YOUTH (u7 to u18)		£110 + £60 = **£ 170**	
2	Additional CUB (under 6yrs)		**£ 35**	
2	Additional YOUTH Sibling		**£ 45**	
2	Additional ADULT *at same address		**£ 50**	
	TOTAL to PAY			**£**

(* ELIGIBLE TO APPLY FOR RFU INTERNATIONAL TICKETS)

CASH (please obtain receipt)
CHEQUE (Payable to "Esher Rugby")
BACS to "Esher Rugby", Sort Code 20-97-58, Account No. 93546969
CREDIT/DEBIT CARD (please complete details below) -

Valid From

		/		

Valid To

		/		

Sec. No.

4–Declaration

I would like my child to join the mini and youth rugby sessions held at Esher Rugby Club ("the Club"). I understand that the Club , its servants, agents, employees or coaches are not under any liability whatsoever for the loss of property, accidents or injuries of or to myself or my child, however caused whilst on Club premises, or during the course of training, preparation or matches played at the Club or other grounds. Until the subscription is paid the RFU's insurance cover will not be valid and the child will not be allowed to train or play.
Although, I understand that the Club would prefer parents to be present at all times, if this is not possible and it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Coach in charge of the age group to sign any document required by the hospital authorities. I further consent to my child travelling by private transport to away fixtures when I am unable to provide the necessary transport. I confirm that the date of birth of my child is as on the application form.
I confirm that above details on the Application Form are correct and that I will inform you of any changes in my data (mobile phone numbers, email etc.) and particularly any medical changes so as not to invalidate the insurance cover with the Club. The information above will be held for registration purposes and in accordance with the Club's Data Protection Policy. I confirm that I have read the Membership Information Sheet and I agree that my child, named on the Application Form and I will be bound by the laws, resolutions, and rules of Rugby Football Union (RFU) and its constituent bodies and the Code of Conduct of Esher Rugby Club including the Youth, Minis and Cubs Specific Terms of Membership as set out on the Membership Information Sheet. I also permit the taking and storage of still and video photography of the member to be used for promotional and training purposes.

Signed……**Date**……
PARENT/GUARDIAN

Please return completed and signed forms with payment to your age group manager or to
Sara Langley Membership Secretary, 135 Molesey Road, Hersham KT12 4QW sararlangley@ntlworld.com