

Membership Application Season 2019-2020

Player Membership Form

| Please complete this form and return with payme | nt | |
|---|--------------------------|---------------|
| Membership runs from 1 st August 2019 until 31 st J | uly 2020 | |
| SECTION A: PLAYER DETAILS | | |
| Name: | Date of Birth: | |
| Address: | | |
| Postcode | | |
| Email Address* | | |
| Contact No.* | | |
| *Please note, these are required fields for over 18 to confirm their own player registration on the new issued to players once they are registered. | - | |
| Squad: Men 🗌 Women 🗌 Youth Boys 🗌 Yo | outh Girls 🔄 Mini (P6/7) | Micros (P1-5) |
| SECTION B: PARENT / GUARDIAN DETAILS (FOR UN | NDER 18 PLAYERS) | |
| Name: | Date of Birth: _ | |
| Address: | | |
| Postcode | | |
| Email Address* | | |
| Contact No.* | | |

Please note, parent / guardian contact details are required fields. For season 2019 - 20 parents / guardians will be required to confirm player registration on the new SCRUMS Player Management System. Details will be issued to parents / guardians once their child is registered.



SECTION C: ADDITIONAL SUPPORT

Please detail below any disability you have and / or any additional support you may require from our club coaches

SECTION D: MEDICAL INFORMATION AND SPORTS NUTRITION

Please detail below any important medical information that our coaches / team managers should be aware of. Please do not leave blank – if there is no information please write 'None'.

Please detail below any sports nutrition or food supplements that our coaches / team managers should be aware of E.g. Gold Standard Whey protein.

Please do not leave blank - if there is no information please write 'None'.

I consent to my personal data provided in section C and D to be shared with coaches / team managers for the purpose of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose.

SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in the event of an incident / accident.

| Emergency Contact 1 Name | |
|----------------------------|--|
| Emergency Contact 1 Number | |
| Emergency Contact 2 Name | |
| Emergency Contact 2 Number | |

SECTION F: PHOTOGRAPHY & VIDEO CONSENT (THOSE AGED 18 AND UNDER ONLY)

Annan Rugby recognises the need to ensure the welfare and safety of all young people in sport. In accordance with the club's child protection policy and procedures, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

Annan Rugby will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the club immediately.



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By signing below, you consent to Annan Rugby, or a photographer appointed by Annan Rugby, to photographing or videoing your child's involvement in rugby for the period shown on this form, for the purposes of publicising and promoting the club or sport, or as a coaching aid.

| Signature | |
|------------|--|
| Print Name | |
| Date | |

SECTION G: CLUB PRIVACY STATEMENT & COMMUNICATION PREFERENCES

Annan Rugby takes the protection of the data held about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Please read the full privacy notice carefully to see how The Club will treat the personal information that you provide. Annan Rugby will take reasonable care to keep your information secure and to prevent any unauthorised access.

SECTION H: PLAYER / PARENT / GUARDIAN AGREEMENT

By returning this completed form, I confirm that I have read and understood the privacy statement and how data will be used and shared and am willing to abide by the club code of conduct for players [and parents]

Annual Membership Fees

| Player (over 18) | £132 |
|------------------|------|
| | |

Student Player (over 18 on production of a valid student card)...... \pounds 72

Youth Player (U18) £40

A 20% discount is available for families living at the same address as U18 players, paying in full by 31st August 2019.

My application fee of £ _____ is enclosed.

| Signature | |
|------------|--|
| Print Name | |
| Date | |

Clubhouse: 17 Bank St. Annan, DG12 6AA Tel. 01461 204562 Website: <u>www.annanrfc.com</u>

