



OLD PATESIANS RUGBY FOOTBALL CLUB
 Affiliated to the Rugby Football Union & Gloucestershire Rugby
 Football Union
www.oldpats.co.uk

Amount	Date

Membership Application Form – 2011/12

I wish to apply to be a member of the OLD PATESIANS RFC and agree to accept the obligations of membership as detailed in the Club Rules (available from the Secretary upon request). Your personal details will be used for administrative & communication purposes by the club. It is imperative that the club has up-to-date details particularly an email address. This will greatly help reduce the administrative burden and costs of running our club and improve communications.
 Please return this form to the club at the address below, **cheques** should be **payable** to "Old Patesians RFC", crossed "A/C Payee" for the relevant amount.

£95.00 MEMBERSHIP

As part of this subscription the first named parent will be made a social member of the Old Patesians Sports and Social Club

Please complete each section in **BLOCK CAPITALS** and return it to your Club Registration Officer.

DIGITAL PHOTOGRAPHS WILL BE TAKEN AND USED FOR CLUB & RFU PURPOSES

New Registration	Re-Registration	Data Amendment	Club Transfer	- Please tick
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Group: RFU Membership - Please tick

Age group season 2010 / 2011: - Please tick

Surname: _____ **First Names:** _____ **D.O.B:** _____

Player Address:		Gender:	
Town			
County			
Postcode			

Player Mobile		I have attended an Active Sports Training Session
Player Home		
Player Email		tended Active Training Sessi

Most communications will be done via email

School / Education Establishment name and address:

School Year: _____

Medical Conditions/Allergies (Asthma, Epilepsy, Allergic to penicillin). Please give full details using separate sheet if necessary:

Registered Surgery Name and Tel No:

Previous Club (if any):

Playing Positions:

_____ **Social Member Name:** _____

Parent Names)	
Parent Address:	
Town	
County	
Postcode	
Parent Mobile (1)	
Parent Mobile (2)	
Parent Home No	
Parent Work No	
Parent Email (1)	
Parent Email (2)	

PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY

Name of Current Club: **OLD PATESIANS RFC**

I declare that the above is correct. In signing this form we declare that the above named player is bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of the above named club

Important Note: Players who are not fully paid up members of the club are not covered by our insurance therefore will not be allowed to train or play

Signed (Player)	<p align="center">Please hand this form and a cheque made payable to Old Patesians RFC to your Age Group Coach. Alternatively post it to: Hugh Bower Moorbank 1 Barberry Close The Park Cheltenham Gloucestershire GL50 2RB</p>
Signed (Parent/Guardian)	
Signed (Team Coach)	

Old Patesians RFC, Everest Road, Leckhampton, Cheltenham, Gloucestershire, GL53 9LA Telephone: 01242 524633

WWW.OLDPATS.CO.UK

OPRFC ACADEMY MEMBERSHIP 11/12

**MINI, MIDI & JUNIOR SECTION
INFORMED CONSENT FORM**
www.oldpats.co.uk

I hereby give my permission for

Age group season 2010 / 2011:

To participate in Mini, Midi or Junior rugby with the Old Patesians RFC during the rugby season

Name of Parent/Guardian:

Address:

Telephone:

Mobile:

Registered Surgery Name and Tel No:

Pre-existing medical conditions e.g. allergies, what medication taken and dosage, date of last tetanus:

Other(s) to be contacted in case of emergency treatment (& their relationship to child):

I confirm, that if I cannot be contacted after all reasonable effort to do so has been made, the above person(s) are authorised by me to give instructions to OPRFC in relation to any injuries suffered by my child. If neither of us are available, OPRFC is

Whilst I understand that OPRFC will take all reasonable steps (within the limitations available to an amateur club) to ensure the safety of children participating in the sport of rugby for OPRFC, I acknowledge that:

- OPRFC `s compulsory insurance cover does not cover all the risks associated with participation in this sport; and
- I accept responsibility for making sure that I understand all the risks involved with participation in this sport and that by allowing my child to play rugby at OPRFC, OPRFC is entitled to assume that I understand and am prepared to accept all

OPRFC recommends strongly to parents/guardians that they:

- Inspect the details of OPRFC `s compulsory insurance cover (as displayed by the notice boards at the Everest Road club house); and
- Consider taking out additional personal injury insurance to cover any injuries suffered by their child playing, (or associated with playing), rugby for OPRFC.
- In respect of away fixtures, it is the Parents/Guardians responsibility to arrange transportation of players to and from fixtures. If a parent/guardian is unable to transport their player, they can either;
 1. Arrange for another parent/guardian to transport their child.
 2. Allow the year coach to organise transportation.

All of our Coaches are volunteer`s and to protect them and the children we would request that if you want the coach to assist with transport arrangements then you write confirming your permission.

Under no circumstance may coaches be allowed to transport lone children unless another adult is present in the vehicle.

Please note – during some of the rugby sessions photographs/video camera footage may be taken for the purpose of player analysis/feedback and future promotion of the club. These images will be held by OPRFC, If you do not wish your child to be included on

Should you wish to take photographs/videos of your child/team during home or away games, please notify the team coach before hand.

I understand this informed consent form and agree to its conditions.

Child's Signature:

Date:

Parent/Guardian's Signature:

Date:



**Old
Patesians
R.F.C.**

(Members of R.F.U., G.R.F.U. and C.D.C., N.C.A.)

www.oldpats.co.uk



**COMMUNITY
RUGBY**

Colours:

Magenta, White, Navy Hoops

CLUBHOUSE AND GROUND:

EVEREST ROAD, CHELTENHAM

GL53 9LA

(01242) 524633

www.old.nate.freeuk.com

OLD PATESIANS



R.F.C.