



**OLD PATESIANS RUGBY FOOTBALL CLUB**  
 Affiliated to the Rugby Football Union & Gloucestershire Rugby Football Union

| Amount | Date |
|--------|------|
|        |      |

**Membership Application Form – 2010/11**

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 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.

**£70.00 MEMBERSHIP**

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

|   |  |   |  |               |
|---|--|---|--|---------------|
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Re-Registration | <input type="checkbox"/> Data Amendment | <input type="checkbox"/> Club Transfer | - Please tick |
| Group: RFU Membership                     |  |   |  | - Please tick |

|                               |              |   |
|-------------------------------|--------------|---|
| Age group season 2010 / 2011: |              | D.O.B:  |
| Surname:                      | First Names: |   |
| Player Address:               |              | Gender:   |
| Town                          |              |   |
| County                        |              |   |
| Postcode                      |              |   |
| Player Mobile                 |              | I have attended an Active Sports Training Session |
| Player Home                   |              |   |
| Player Email                  |              |   |

*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:

|                   |                        |
|-------------------|------------------------|
| Parent Names)     |                        |
| Parent Address:   |                        |
| Town              |                        |
| County            |                        |
| Postcode          |                        |
| Parent Mobile (1) |                        |
| Parent Mobile (2) |                        |
| Parent Home No    |                        |
| Parent Work No    |                        |
| Parent Email (1)  | *PLEASE PRINT CLEARLY* |
| Parent Email (2)  | *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)          | Please hand this form and a cheque made payable to Old Patesians RFC to your Age Group Coach.<br>Alternatively post it to:<br>Hugh Bower<br>Moorbank<br>1 Barberry Close<br>The Park<br>Cheltenham<br>Gloucestershire<br>GL50 2RB |
| Signed (Parent/Guardian) |   |
| Signed (Team Coach)      |   |

Old Patesians RFC, Everest Road, Leckhampton, Cheltenham, Gloucestershire, GL53 9LA  
 Telephone: 01242 524633 WWW.OPRFC.CO.UK

**OPRFC ACADEMY MEMBERSHIP 10/11**

**MINI, MIDI & JUNIOR SECTION  
INFORMED CONSENT FORM**

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:

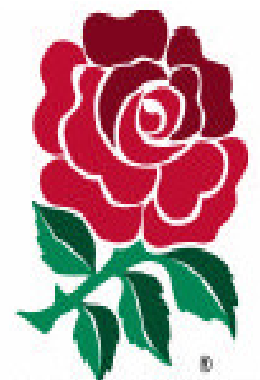
Date:



**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](http://www.oldpats.co.uk)



**COMMUNITY  
RUGBY**

**Colours:**

Magenta, White, Navy Hoops

**CLUBHOUSE AND GROUND:**

EVEREST ROAD, CHELTENHAM

GL53 9LA

(01242) 524633

[www.old.pats.rfc.co.uk](http://www.old.pats.rfc.co.uk)

**OLD PATESIANS**



**R.F.C.**