

SALCOMBE RFC JUNIOR SECTION - PLAYERS REGISTRATION

Name: -----

DOB: -----

Age on Sept 1st: -----

Parent / Guardian Name: -----

Parent / Guardian Occupation: -----

Address: -----

Home Phone No: -----

Mobile: -----

Email: -----

Alternative Contact and Phone No: -----

Please give details of any special educational needs or health issues including Asthma and Diabetes and any medication taken:

Family Doctor: -----

Doctors Address & Telephone No: -----

Primary School: -----

Photograph Policy (please delete as necessary)

. I give consent for my child to have their photograph / video taken for publicity purposes.

. I will ensure that my child is supervised to make sure that they are not included in any photograph / video should this be the case.

RFU Core Values

. I accept to work and play by the RFU Core Values that we promote at Salcombe RFC.

Please complete and return to Salcombe RFC ASAP – Many Thanks.