



Gosport & Fareham RFC Ltd, Gosport Park, Dolphin Crescent, Gosport, Hampshire, PO12 2HE
Tel: 023 9235 3235

APPLICATION FOR MINI YOUTH (M/Y) FAMILY MEMBERSHIP 2017-2018

Mini/Youth Section – Family Membership (Payments to be made via the Mini/Youth Membership Secretary):

| | | | |
|-------------------------------------|-------------|----------------|----------------|
| RENEWAL | | NEW | |
| Family (Mini/Youth) | 1 Child £70 | 2 Children £80 | 3 Children £90 |
| TICK MEMBERSHIP REQUIRED (✓) | | | |

***If a Volunteer Coach / Team Manager / Team First Aider / Referee or current GFRFC Player Tick VWL Box**

| | First Name | Family Name | Phone No | Email | RFU Id (If known) | Date of Birth (DD/MM/YYYY) | Gender (M/F/T) | VWL |
|---------|--------------|-------------|-----------|-------|-------------------|----------------------------|----------------|-----|
| ADULT 1 | | | | | | | | |
| ADULT 2 | | | | | | | | |
| CHILD 1 | | | | | | | | |
| CHILD 2 | | | | | | | | |
| CHILD 3 | | | | | | | | |
| ADDRESS | House/Street | | | | | | | |
| | Town | | Post Code | | | | | |

Please add any further children on reverse of this form

| AGE GRADE RUGBY | School Class 2017/18 | M/Y Squad 2017/18 | School |
|-----------------|----------------------|-------------------|--------|
| Child 1 | | | |
| Child 2 | | | |
| Child 3 | | | |

Method of Payment. Please indicate clearly (TICK ✓)

| | | | | | |
|------|--|--------|--|-----------|--|
| Cash | | Cheque | | Reference | |
|------|--|--------|--|-----------|--|

All cheques are to be made payable to **‘Gosport & Fareham RFC Ltd’**

I agree to my child’s details being added to the GFRFC database on the Pitchero website where M/Y Squad records are kept – Please TICK (✓)

I agree to photos of my child participating in GFRFC Rugby, taken by approved squad photographers, to be posted on Pitchero or the GFRFC website – Please TICK (✓)

I undertake to report all and any of my child’s medical conditions to their Team Manager to be kept in the Pitch Side Records for emergency purposes – Please TICK (✓)

I agree to my child receiving first aid from an approved GFRFC Team First Aider if required – Please TICK (✓)

Signature of Adult 1/2: Date:.....

(New Members) Proposer: Seconder:

| | |
|-----------------|--|
| RFU GMS | |
| PITCHERO | |
| PAID UP | |

Membership Secretary Tracker