

MAIDSTONE RUGBY – YOUTH SECTION MEMBERSHIP FORM

Welcome to Maidstone Rugby - Maidstone FC has a very proud history of success in the Youth Section, and this is due to the number of friendly, dedicated coaches and enthusiastic parents, which allow us to offer a tremendous launch into the world of rugby.

The purpose of this form is to capture all the information that we need in order that your child can fully participate in all activities offered at the club. We will also use the information from this form to keep you informed about events and information concerning Maidstone Rugby.

1. PERSONAL DETAILS OF THE CHILD

Name of Child:			
Address:			
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age:		Mobile:	
School:		School Year:	
Email:			

2. CONTACT DETAILS OF PARENT / LEGAL GUARDIAN

Name:		Relationship to Child: <i>(e.g. parent / legal guardian)</i>	
Address:			
e-mail:			
Home tel:		Mobile:	

PLEASE NOTE: The contact details given here will be used in the event of an emergency, and to allow parents/guardians to be notified of changes to venues, cancellation of training and so on, so please ensure that the details given here are accurate and in use /accessible (for example – an email address you have access to outside of work hours).

3. EMERGENCY CONTACT DETAILS (ALTERNATIVE CONTACT)

In the event of an incident or emergency situation where a parent, or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club. Please make this person aware that his or her details have been provided as a contact for the club:

Name:		Relationship to Child: <i>(e.g. neighbour, grandfather etc)</i>	
Address:			

Home tel:		Mobile:	
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4. INFORMATION ABOUT ANY IMPAIRMENT

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child’s full participation in club activities.

Do you consider yourself to have a impairment? Yes No

If yes, what is the nature of your impairment?

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Multiple impairments |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Other(please specify): |

If you have ticked yes in any box above please provide us with any additional information that will assist us to ensure your child is fully supported whilst at the club.

5. MEDICAL INFORMATION AND CONSENT

Name of Doctor/Surgery:		Doctor/Surgery Telephone no.:	
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Please detail below any important medical info that our managers should be aware of (e.g. epilepsy, asthma, etc.)

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If your child is currently taking medication, please list the name(s) of the medication here:

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<input type="checkbox"/>	I give my consent that in an emergency situation the club may act in my place, (<i>in loco parentis</i>), if the need arises for the administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent / legal guardian, or the alternative adult I have named in section 3 of this form.
<input type="checkbox"/>	I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed above.

6. PHOTOGRAPHY AND PUBLICATION OF IMAGES CONSENT

<input type="checkbox"/>	I give my consent to the photography and publication of images of the child named in section 1 of this form, and under the RFU's Child Protection and Best Practice Guidelines confirm that I am legally entitled to give this consent.
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7. ADDITIONAL INFORMATION – SUPPORTING MAIDSTONE RUGBY

<input type="checkbox"/>	Do you have a trade or skill or knowledge which you would be willing to share with the Club in order to assist in various projects (please give details)?
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<input type="checkbox"/>	Are you able to offer employment to players new to the area (please give details of the type of employment you could offer)?
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<input type="checkbox"/>	Are you able to offer accommodation to players new to the area, either short term or long term (please give details)?
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8. MEMBERSHIP ARRANGMENTS

- Please indicate in the boxes below how membership subscription has been paid for this current season. DDR is the preferred payment option for the club, please discuss any alternative method of payment with your age groups Lead.
- When a DDR mandate has been set up, please indicate if this is paid annually or Bi annually and the amount of DDR including **reference number** quoted on the DDR mandate form or bank statement.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DDR option set up: <ul style="list-style-type: none"> • Bi Annual DDR - (50% October/November - 50% 3 months later) Amount £..... • Annual DDR - Amount £..... • IMPORTANT – DDR reference number (taken from mandate) REF.....
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****2018/2019 season -**

*Youth U18 - U13 £90

*Junior U6 - U12 £70

*Joint Youth / Junior – U18-U6 (2 children & each additional child is £45) - £135

- The club operates a “No pay, No play” policy for members. New players, after an initial 4 week trial period, are expected to commit to the membership rates above. Existing players are expected to commit to the membership rates above within 4 weeks of the new season commencing. Failure to do this could result in players being unable to play until membership is paid.
- Anyone on a Low income can discuss this in the first instance with the head coach for the age group, they will then refer to the Youth Chairs for review and a final decision.

- Anyone joining the club September too December (inclusive) will pay full membership fee, anyone joining January to April will pay 50% membership fee.
- Separate to the above specified membership fee each age group may collect subs which is to be paid to the age group lead. You will be informed of this by the age group lead each season.

9. DATA PROTECTION

- The Club will use the information provided on this Membership Form (together with other information it obtains about the player) to administer his/her rugby activity at the Club and in any activities in which he/she participates through the Club and to care for and supervise activities in which he/she is involved.
- In some cases this may require the Club to disclose the information to the RFU.
- In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to police, children’s social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

- By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of Maidstone Rugby.
- I confirm that I have legal responsibility for the child named in section 1 above, and that I am entitled to give this consent.
- I understand I will be kept informed of activities at Maidstone Rugby, e.g. details of times, transport etc.
- I understand that in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact, and to deal with that injury/illness appropriately.
- I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.
- I confirm that I have read a copy of the club’s Code of Conduct for Members and Guests and agree to abide by it. (see club website for details).

Name of parent / legal guardian:

Signed:

Date: