

Headquarters & Ground:
 Leigh Park
 Wimborne
 Dorset
 Telephone: (01202) 882602



Affiliated to:
 The R.F.U.
 Dorset & Wilts R.F.U.
 Hampshire R.F.U.

Wimborne Rugby Football Club

REGISTRATION FORM SEASON 2010 - 2011

A WARM WELCOME TO WIMBORNE RFC. THE CLUB WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK YOU FOR JOINING US AND HOPE THAT YOU ENJOY MANY HAPPY YEARS AS A MEMBER HERE

- The cost for a player in Colts is £60.00.
- This fee also includes an associate membership to the club which entitles the registered child's family to use the club bar and facilities for the season.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COLTS MANAGER/CO-ORDINATOR

- This form needs to be completed by all players who wish to register with Wimborne RFC this season.
- New members or those transferring from other clubs will also need to complete an RFU Registration Form and provide us with 2 Passport size photos.
- Please check with your Colts Manager or Co-ordinator if you are unsure.

SURNAME		FIRST NAME	
		SECOND NAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME ADDRESS		TEL:	
		MOBILE:	
POST CODE:		E-MAIL:	
SCHOOL		DETAILS OF PREVIOUS CLUB MEMBERSHIP	
NAMES OF OTHER FAMILY MEMBERS WHO HAVE REGISTERED AS PLAYERS WITH THE CLUB			
NAME	AGE GROUP	NAME	AGE GROUP
NAMES OF FAMILY MEMBERS TO BE INCLUDED IN SOCIAL MEMBERSHIP – please complete separate form			
HAVE YOU PLAYED RUGBY BEFORE?			YES
			NO
IF YES, WHERE HAVE YOU PLAYED BEFORE?	Primary School	Secondary School	
	Active Sport	Club / County	

WRFC MEMBERSHIP NUMBER:	AGE GROUP:

SPORTS EQUITY MONITORING

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important:

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, the RFU and Sports England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

ETHNICITY

In order to help the Club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin: Chose one section from A to E and then tick the appropriate box

A White

British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other white background (Please Specify)
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B Mixed

White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Any other mixed background (Please Specify)
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C Asian or Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Asian background (Please Specify)
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D Black or Black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black background (Please Specify)
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E Chinese or other ethnic group

Chinese	<input type="checkbox"/>	Any other (Please Specify)
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DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'

Do you consider yourself to have a disability?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, what is the nature of your disability?	Visual Impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	
	Learning Disability	<input type="checkbox"/>	Multiple Disability	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>	

MEDICAL INFORMATION. Please detail any important medical information that the Coaches / Coordinators need to be aware:

Please note any allergies or medical conditions

EPILEPSY / ASTHMA / DIABETES / OTHER

GPs NAME & ADDRESS:

MEDICAL CONSENT

My child/ward is in good health and I consider him/her capable of playing Rugby. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I understand that in the event of any injury/illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot be necessarily held responsible for any loss, damage or injury suffered to my child. I have also been made aware that the wearing of mouthguards is mandatory for all Wimborne Players.

REGISTRATION ACKNOWLEDGEMENT

I am aware that photographs may be taken for promotional purposes, and give my consent for my child to feature in such photos. My attention has been drawn to the desirability of arranging insurance in respect of personal accident cover. By signing this form I agree to my child taking part in club activities and as a registered player my child is bound by the laws and resolutions of the RFU and its Constituent Bodies and by the rules and constitution of Wimborne RFC.

SIGNATURE OF PARENT /CARER	CLUB COUNTERSIGNATURE	DATE