

Burntwood Rugby Union Football Club  
 Junior Section  
 The Sportsway  
 Chasewater  
 Chasetown  
 Staffordshire  
 WS7 3PH



## JUNIOR MEMBERSHIP FORM

### Personal Details

Name:	
Address:	
Postcode:	
Home Telephone Number:	
Mobile Telephone Number:	
E-Mail Address:	
Date of Birth:	

By completing this form, I agree to be bound by the rules of the club, and to observe the Code of Conduct

<b>Signature</b>	
<b>Date</b>	

### Medical Information

Please detail below any important medical condition that our coaches/junior coordinator should be aware of (e.g. epilepsy, diabetes, asthma etc)

Medical Condition	Information on Treatment/Medication

### Emergency Contact Details

Contact Name	Relationship	Contact Number(s)

By completing and signing this form, I agree to my son/daughter/child in my care taking part in the activities of the club. I also confirm that I have read the Parents and Supporters Code of Conduct and agree to be bound by and act according to its contents.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and that the injury/illness will be dealt with appropriately.

<b>Name of Parent/Carer</b>	
<b>Signature of Parent/Carer</b>	
<b>Date</b>	

Team	Polo Shirt Size/Initials	Shirt Received	Fee Paid
To be completed by club official or coach only			