



POSTAL ADDRESS & REGISTERED OFFICE  
30 Woodstock Rd.North.  
St.Albans.Herts.AL1 4QQ

CLUBHOUSE & GROUND  
North Orbital Road (414)  
Cotlandswick. London Colney.  
St.Albans. Herts. AL2 1DW.

# MINI / JUNIOR MEMBERSHIP FORM

NAME OF CLUB: **Chariots RFC**

We are very pleased to welcome you to the Chariots RFC.

To ensure we have the correct contact details for you, please fill out this form and give it back to the registration secretary (**Nicola Diplock**).

If you are under 16 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

**Players Name**

**Address**  
**Postcode**

**Home telephone number:** .....

**Mobile:** .....

**Email:** .....

**Date of Birth:** .....

**School Attending:** .....



**Parent/ Carers Mobile:** .....

**Parent/ Carers Email:** .....

**Medical information**

Please detail below any important medical information that our coaches/junior co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.) and any treatment or medicine required.



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**Emergency contact details:**

To be completed by the parent/carer

I give permission for the Coach/Club official to have the authority to give medical staff permission to administer necessary treatment to the above player, whilst representing Chariots RFC. In the event of illness or accident requiring emergency Hospital treatment, I authorise you as a the Club Official in charge to sign on my behalf any written form of consent required by the Hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the Doctor/Surgeon in charge.

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.

**Contact name eg parent/carer:** \_\_\_\_\_

**Emergency contact number:** \_\_\_\_\_

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

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

**Name of parent/carer:** ..... **Date**.....

**Signature of parent/carer:** .....

**Please indicate and circle accordingly to the important questions below.**

I have seen, read and agree to abide by The Players Code of Conduct.

Yes  No

I have seen, read and agree to abide by The Parents / Spectators Code of Conduct.

Yes  No

**I Consent / do not consent** to the photographing / videoing and publication of images of my child and can confirm that I am legally entitled to give this consent.