

# Ironsides Rugby Juniors

**Battersea Ironsides RFC Limited, Junior Section,  
Openview, Burntwood Lane, London, SW17 0AW**  
ironsidesrugby.com



## Membership, Medical & Parental Permission Form 2017/2018

Name:		Member ID:	
Birth Date:		RFU PIN:	
Address:			
		Post Code:	
Home Phone:		Emergency:	
School:		School Year:	
Siblings in other age groups:			

## Medical & Health Details

Seizure/ Epilepsy: <input type="checkbox"/>	Downs Syndrome Alanto Axil: <input type="checkbox"/>	Heart Problems Fainting: <input type="checkbox"/>	Asthma: <input type="checkbox"/>	Allergies: <input type="checkbox"/>
Health Issues:				

I permit trained Ironsides volunteers to render basic treatment to my child including assisting to administer 'own property' drugs and basic life support first aid etc? **PLEASE DELETE: YES or NO**

## Parent/Guardian Details (always provide both where possible)

	Mother	Father
Name:		
Alternate Address:		
Mobile Phone:		
Email:		
Areas of expertise:		

I agree that photographic images may be taken of my son/daughter, during the normal course of rugby activity, by accredited photographers and/or other parents. The images may be used in the local press or in club publicity, in line with club policy & RFU Child Protection guidelines

**NB: Under guidance from the Rugby Football Union (RFU), The Club cannot take legal responsibility for children whose parents or guardian leave them during training or matches. Ironsides Coaches & volunteers do not act in Loco Parentis**

Parent/Guardian Signature:	Date:
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**Annual membership £130 for first child and £85 for each subsequent child.  
Cheques should be made payable to Battersea Ironsides Minis RFC**

# RUGBY FOOTBALL UNION

## YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known)

This form should be completed for all players within the club who have **NOT** previously registered with the RFU, are re-registering or have data amendments.

Please complete each section in **BLOCK CAPITALS** and return to your Club Registration Officer along with **TWO** passport size photographs. Please tick where appropriate  **New Registration**  **Re-registration**  **Data Amendment**  **Club Transfer**

<b>First Names:</b>	<b>Surname:</b>	<b>D.O.B.:</b>
<b>Home Address:</b>		
		Postcode:
<b>Male/Female</b>	<b>Home Tel:</b>	<b>Mobile Tel:</b>
<b>Email address:</b>		
<b>Ethnic Origin</b> (Please tick (✓) where appropriate):- <input type="checkbox"/> White: British <input type="checkbox"/> Mixed: White & Black Caribbean <input type="checkbox"/> Asian and Asian British: Indian <input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> White: Irish <input type="checkbox"/> Mixed: White & Black African <input type="checkbox"/> Asian and Asian British: Pakistan <input type="checkbox"/> Black or Black British: Africa <input type="checkbox"/> White: Other <input type="checkbox"/> Mixed: White & Asian <input type="checkbox"/> Asian and Asian British: Bangladesh <input type="checkbox"/> Black or Black British: Other <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed: Other <input type="checkbox"/> Asian and Asian British: Other <input type="checkbox"/> Other Ethnic Group		
<b>Previous Rugby Club (if any)</b>	<b>Representative Playing History</b> (please give dates etc., using a separate sheet if necessary)	
<b>Playing Position:</b> <input type="checkbox"/> Unspecified <input type="checkbox"/> Front Row <input type="checkbox"/> Forward <input type="checkbox"/> Back <b>Plays at school:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medical Conditions/allergies</b> (Asthma, Epilepsy, Allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).		
<b>Name of Parent/Guardian:-</b>		<b>D.O.B.:</b>
<b>Address of Parent/Guardian</b> (if different from above):		
		Postcode:
<b>Contact Telephone Number:</b>		<b>Email address:</b>
<b>School/Education Establishment Name and Address:</b>		
Contact Number:		Postcode:
<b>DATA PROTECTION</b>		
<p>The RFU is fully aware that some people will only want to receive information from the RFU on rugby issues and, therefore, you can ensure that you only receive this type of information by ticking the appropriate boxes below. However, some people will want to receive other information and, therefore, there are three options set out below.</p> <p>If you do or do not wish to receive certain types of data, you should tick the appropriate box below; the RFU may also use such personal data for the following purposes:</p> <ul style="list-style-type: none"> <li>• to send you by electronic mail (including email, SMS or image messages, etc) information about our official sponsors, their associated companies and their products and services which may be of interest to you. Tick here if you <b>do</b> wish to receive such information <input type="checkbox"/></li> <li>• to send you by electronic mail (including email, SMS or image messages, etc) other information about RFU tickets, products, special offers, opportunities and related service which may be of interest to you e.g. TEL, RFU Travel, The Rugby Store etc. Tick here if you <b>do not</b> wish to receive such information <input type="checkbox"/></li> <li>• to pass your details to our official sponsors, who may use them now or in the future and to keep you informed by post of their products and services and to compile market research information and statistics, e.g. Nike, O2, Ford, etc. Tick here if you <b>do not</b> wish to receive such information <input type="checkbox"/></li> </ul>		
I declare that the above is correct. In signing this form I agree that the above named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of:		
		Rugby Football Club
<small>PLEASE STATE CURRENT CLUB</small>		
<b>Signed (player):</b>		<b>Date:</b>
<b>Signed (parent / guardian):</b>		<b>Date:</b>
<b>Countersigned (Club Official):</b>		<b>Date:</b>