

Gosford All Blacks RFC

Membership Form



'First Choice for Oxfordshire Community Rugby'

For Club use only:	
Membership number (Club use only)	
RFU Number (Club use only)	
ETA Number (Club use only)	
Total paid	
Payment method	
Received by	

Please attach photograph here

The information you provide will be held for registration and membership purposes only, and will not be made available to any person outside the Club, RFU or ETA without your prior consent. You may request to see any personal information we hold about you. Please give this form, when completed, to your coach/section lead together with TWO passport photographs.

Title of applicant: Mr/Mrs/Ms/Other.....

Name of applicant: First.....Middle.....Last name.....

House number/name.....Street.....

City.....County.....Post code.....

Telephone number:		Email address:
Mobile number:		
Date of birth:		Gender: Male/Female/Unspecified

Ethnicity (for categories see end of form):

Disability:

Occupation or profession (if an adult applicant):

Category of membership being applied for (*Please tick which applies*):

Senior (over-18) regular player member – includes match fees, international ticket ballot and access to physio	
Senior (over-18) casual player member – includes international ticket ballot and access to the physio	
Senior (over-18) casual player member – includes access to the physio but NOT the international ticket ballot	
Vice President	
Over-18 Ladies / Over-18 Oxford Touch Player / contributing member aged over 18 and in full-time education – includes international ticket ballot	
Over-18 Ladies / Over-18 Oxford Touch Player / contributing member aged over 18 and in full-time education – does NOT include international ticket ballot	
Player aged 7-18	<i>NB. Where a family has more than one child as a player with the Club, the subscription of the second child will be reduced by 30%. A child is defined as 18 or under. Any other children will be charged at the full rate. Please see membership structure for additional provisions in cases of hardship.</i>
Player aged 6	
Player aged 5	

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Country of birth of applicant:
Town of birth of applicant:
If the applicant is in education (full or part-time) please provide the name of the school/college or university:
Playing position: Front row/Forwards/Backs/Unspecified
Medical notes
MEDICAL DECLARATION <ol style="list-style-type: none">1. Do you or the child have any medical conditions? YES/NO (please provide details below).2. Have you or the child ever had any previous medical conditions? YES/NO (please provide details below).3. Do you or the child have any allergies? YES/NO (please provide details below).4. Are you or the child taking any medication? YES/NO (please provide details below).5. Have you or the child ever suffered from concussion and had a hospital or GP follow-up? YES/NO (please provide details below).6. Have you or the child suffered any injury in the last two years and had a hospital or GP follow-up. <p>Please continue on an additional page if necessary.</p>

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Please provide name and address of the applicant's doctor:	
<p>In the case of ALL applicants, the contact details of an emergency contact. In the case of a child applicant, this will be the first parent/guardian, who will become the family member:</p> <p>Name of first contact: First.....Middle.....Last name.....</p> <p>House number/name:</p> <p>Street</p> <p>City</p> <p>County</p> <p>Post code</p>	
Home number:	Email address:
Work number:	
Mobile number:	
Date of birth:	Gender: Male/Female/Unspecified
Occupation or profession of first parent/guardian:	
<p>In the case of a child applicant, the contact details of second emergency contact or second parent/guardian, who will NOT be the family member. If they wish to join as a member, they will have to do so separately.</p> <p>Name of second adult: First.....Middle.....Last name.....</p> <p>House number/name:</p> <p>Street</p> <p>City</p> <p>County</p> <p>Post code</p>	
Home number:	Email address:
Work number:	
Mobile number:	
Date of birth:	Gender: Male/Female/Unspecified

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By signing this form, I and all those named above or included in my membership subscription apply for membership of Gosford All Blacks RFC ("the Company") and agree to be bound by the Articles of Association of the Company and any Rules and Policies made pursuant thereto.

I understand that the liability of each member is limited to £1, being the amount that each member undertakes to contribute to the assets of the Company in the event of its being wound up while they are a member or within one year after they cease to be a member.

I also confirm that I have provided the following:

- Two passport photographs of myself/the child applicant
- All relevant medical and contact details

I also confirm that I consent / do not consent (delete as appropriate) for any photographic images of my child and / or me to be used solely in promotional or other material published by the Company.

Signed..... Date.....

(Children should NOT sign the application form)

Print Name;.....

Ethnicity (for categories see end of form)

White: British
White: Irish
White: Other

Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Mixed: Other

Chinese

Prefer not to say

Asian and Asian British: Indian
Asian and British Indian: Pakistani
Asian and British Asian: Bangladeshi
Asian and British Asian: Other

Black and British Black: Caribbean
Black and British Black: African
Black and British: Other

Other ethnic group

Not specified