## Birmingham Bulls RFC Membership Application Form

Please complete using block capitals, and return to Club Chairman, Captain, or Secretary

Applicant Information Surname: Forename(s): Address: Postal Code: Occupation: Date of Birth: Mobile No: Phone No: E-Mail Address: Medical Information. Please provide us with up-to-date and accurate medical information **Allergies** Medications Please tick any that apply Diabetes **Heart Murmurs** Epilepsy Other Conditions **Legal & Medical Disclaimer** I hereby acknowledge that I have voluntarily applied to participate in playing rugby with Birmingham Bulls RFC. I am aware that rugby can be a hazardous activity, and I am voluntarily participating in this activity with the knowledge of the dangers involved and hereby accept any and all risks of injury or even death. As lawful consideration for being permitted by Birmingham Bulls RFC to participate in this activity and use its facilities, I hereby agree that I, my heirs, distributes, guardians, legal representatives, and assigns will not make claim against, sue, attach the property of, or prosecute, Birmingham Bulls RFC, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors as a result of my participation in this activity. I hereby release Birmingham Bulls RFC, its affiliated organizations, owners, officers, employees, agents, servants, or contractors from all of its action, claims, or demands, I, my heirs, distributes, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in rugby. I realise the possibility that I may die, become paralyzed, or suffer brain damage or other serious injuries as a result of my participation in rugby. I realise neither the protective equipment, the safety rules, the coaching instruction, nor the sports medicine care I am provided will guarantee my safety or prevent all possible injuries. It is the intention of the undersigned to exempt and relieve Birmingham Bulls RFC and associated parties from liability for personal injury, property damage, and wrongful death. Furthermore, I attest that I am physically fit and have sufficiently trained for rugby. I do not have any medical history or conditions that may exclude me from participation in rugby. I have carefully read this agreement and understand its contents. I am aware that this release of liability is a contract between me and Birmingham Bulls RFC and its affiliates. I sign of my own free will.

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Signature\_\_\_\_

Name\_\_\_

Date\_

| Emergency Contacts  |  |
|---|--|
| Please provide the names and contact numbers of two people who we may contact in the case of an emergency.  |  |
| Name: Conta   | ct Number:   |
| Name: Conta   | ct Number:   |
| Important Information  All players are reminded that The Club takes out mandatory insurance annually through the RFU. Please note that by the terms of the policy, only those members whose subscriptions are fully paid are covered. RFU insurance provides a Death and Permanent Total Disability policy and the benefits are for catastrophic injury only. Any member who wishes to take additional cover should make their own arrangements.  Please tick this box to indicate you have read this section |  |
| New Membership  |  |
| PLAYER  | NON PLAYER   |
| _   | C and agree to abide by the Club Constitution (copies are I understand that the information contained on this form gement of Birmingham Bulls RFC. |
| Signature of Applicant:   | Date:  |
| To Be Seconded By A Club Member:  |  |
| NameSignature   |  |
| Existing Membership Details Update  |  |
| Name:   | Signature:   |
| Date:   |  |
| Where did you hear about Birmingham Bulls RFC ?   |  |
|   |  |
| Subscription Fees   |  |
| PLAYERS: £10.00 per month. NON PLAYERS: £5.00 Please pay your subs into the following account Birmingham Bulls RFC Sort Code: 60  | nt:  |
| If you would rather pay by cash please arrange this wi  | th the Club Treasurer  |
| Membership No:  | RFU No:  |

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