

# Bicester Rugby Union Football Club

## 2018/19 Youth Player Membership Application



### Privacy Notice

By signing and completing this form, I confirm that I am the parent/guardian of the child applicant named herein and give my consent that Bicester RUFC may process both the child's and my own data in accordance with the privacy policy, which is published on the club website and available to read and download here: <http://www.bicesterru.fc.co.uk/documents/211169> I also confirm that I am legally entitled to give this consent.

Signature	* mandatory
Date	* mandatory
Full Name (BLOCK CAPITALS)	* mandatory
Relationship to Youth Player	* mandatory

\* In order to assist us to manage the club, please complete all fields on this form as fully as possible. This membership application cannot be processed without completing the mandatory fields.

### Youth Player Details

Title	
First/Given Name(s)	* mandatory
Last/Family Name	* mandatory
Contact email address	* mandatory
Date of Birth (DD/MM/YYYY)	* mandatory
Gender	* mandatory

### Youth Player Contact Details

Home Phone Number (including STD/Area Code)	
Mobile Phone Number	
Home Address1	* mandatory
Home Address2	
Home Address3	
Home Post Town/City	* mandatory
Home County	
Home Postcode	* mandatory
Home Country	* mandatory

# Bicester Rugby Union Football Club



Additional Youth Player Information	
Known As	
Ethnicity	
Disability (continue on additional sheet if necessary)	* mandatory
Medical Notes (continue on additional sheet if necessary)	* mandatory
Country of birth	* mandatory
Town of birth	
School	
Playing Position	Front Row / Forward / Unspecified (delete as appropriate)

Applicant (Parent/Guardian) of Youth Player Details	
Title	
First/Given Name(s)	* mandatory
Last/Family Name	* mandatory
Contact email address	* mandatory
Date of Birth (DD/MM/YYYY)	
Gender	* mandatory

Applicant (Parent/Guardian) of Youth Player Contact Details (only if different from Youth Player details)	
Home Phone Number (including STD/Area Code)	
Mobile Phone Number	
Home Address1	* mandatory
Home Address2	
Home Address3	
Home Post Town/City	* mandatory
Home County	
Home Postcode	* mandatory
Home Country	* mandatory

# Bicester Rugby Union Football Club



Additional Emergency Youth Player Contact Details (optional)	
Name	
Contact Mobile Tel.No.	
Relationship to Player	

Youth Player Membership Fees £100 due by 30 September 2018 (£50 inclusive for all additional siblings or with Parent Player Member)			
BACS		Cheque	Cash
BACS to Bicester RUFC, HSBC, Sort Code 40-10-16, Account 91329138, Ref: YOUR NAME			
Only if claiming additional sibling discount			
Full Name of first Child or Parent Player Member			

Applicant (Parent/Guardian) of Youth Player Explicit Consent (Marketing)	
By signing this section, I agree to receiving marketing, promotional material and other information about tickets, products, and services provided by Bicester RUFC. This is <b>not</b> a prerequisite of membership.	
Signature	
Date	

Applicant (Parent/Guardian) of Youth Player Explicit Consent (Images)	
By signing this section, I consent to Photography, Video and Publication of images of the youth player named herein in accordance with the guidance contained in the Bicester RUFC Safeguarding Policy which is available to read and download at: <a href="http://www.bicesterrufc.co.uk/documents/213155">http://www.bicesterrufc.co.uk/documents/213155</a> I also confirm that I am legally entitled to give this consent. This is <b>not</b> a prerequisite of membership.	
Signature	
Date	

Applicant (Parent/Guardian) of Youth Player Declaration	
By signing this section, I confirm that the information I have provided in this form is both true and accurate and I agree to abide by the Codes of Conduct, as published on the club website and available to download and read at: <a href="http://www.bicesterrufc.co.uk/documents/211168">http://www.bicesterrufc.co.uk/documents/211168</a>	
Signature	
Date	

Club Use Only	
RFU ID	
Pitchero ID	
Age Group on 1 September 2018	