

LAUND HILL RUFC MINI'S MEMBERSHIP FORM



PARENTS DETAILS:

Title _____ Forename _____ Surname _____

Date of Birth ____/____/____ Contact Tel No _____

Email _____

Home Address _____

_____ Postcode _____

Parents Medical Notes e.g., Asthma / Allergies _____

1st CHILD DETAILS: Title _____ Forename _____ Surname _____

Date of Birth ____/____/____ Child's Age: _____ Home Address (if different from Parent above): _____

_____ Postcode _____

Childs Medical Notes e.g., Asthma / Allergies _____

2nd CHILD DETAILS: Title _____ Forename _____ Surname _____

Date of Birth ____/____/____ Child's Age: _____ Home Address (if different from Parent above): _____

_____ Postcode _____

Childs Medical Notes e.g., Asthma / Allergies _____

3rd CHILD DETAILS: Title _____ Forename _____ Surname _____

Date of Birth ____/____/____ Child's Age: _____ Home Address (if different from Parent above): _____

_____ Postcode _____

Childs Medical Notes e.g., Asthma / Allergies _____

MINI RUGBY MEMBERSHIP COST (Under 11s & below) = £40

Amount Paid: £ _____ **Date Membership Paid:** ____/____/____

How Paid: Website or Other (eg Cash / Cheque / Card Reader / Bank Transfer / FOC from Senior Player Sponsorship/ Payment Waiver / Multi child discount) **please give details here:** _____

Parent / Spectator Code of Conduct: In signing this form, I confirm I have separately read & agree to follow the Huddersfield Laund Hill RUFC Code of Conduct - <https://hlhrufc.co.uk/wordpress/wp-content/uploads/2023/01/HLH-RUFC-Code-of-Conduct-Policy.pdf>

Social Media & Photography: In signing this form, I understand that images of my child/children may be used for marketing and promotion purposes on behalf of Huddersfield Laund Hill RUFC rugby section unless I inform the club otherwise.

I also confirm that I agree to only take photos/videos of my own child. If any photos/videos taken include children other than my own, I agree no media will be posted on ANY public social media platform without the express permission of the other child's parent.

SIGNATURE OF PARENT (PAYEE): _____ **Date** ____/____/____