

## VECTIS RUGBY MEMBERSHIP CONTRACT

Please complete the details below and return this form, with the subscription due, to your coach or membership contact:

Subscriptions due:

- £45 per year for the first child
- £15 per year for a second child
- £10 per year for further children

**Paid:**

**received by:**

**Child's surname:** .....

**Child's forenames** .....

**DOB:** .....

**Declaration:**

- I agree to my child taking part in both home and away rugby fixtures.
- I acknowledge the need for obedient and responsible behaviour on his/her part.
- I undertake to inform the coach as soon as possible of any changes to medical or contact details.
- Should emergency treatment be required by my child during his/her time participating in Vectis Club matches, training or events, I unreservedly authorise you, or other coaches, to give whatever authority may be necessary to allow for any medical or surgical treatment, including anaesthetic, to be undertaken.
- I consider my child to be physically fit and capable of full participation.
- I understand the extent and limitation of the insurance provided.
- I give permission for my son's/daughters/group photograph to be used in connection with the Rugby Club (no names will be released without further consent).
- I understand as a parent I will be asked to help with club activities on a rota basis. I would like to help with (please tick as appropriate):  
 coaching:  kitchen duties:  traveling:  miscellaneous tasks

**Contact details:**

**home tel:** ..... **mobile:** ..... **other phone:** .....

**email contact details:** .....

**Address:** .....

**Postcode:** .....

**School:** .....

**If not available please contact:** .....

**Contact address:** ..... **phone:** .....

**Family Doctor's Name:** ..... **phone:** .....

**Medical Information:**

- Does your son/daughter suffer from any condition/allergy etcetera requiring medical treatment, including medication? If yes, please give details:
  
- Is your son/daughter allergic to any medication? If yes, please give details:
  
- Is your son/daughter's tetanus inoculation up-to-date? YES/NO

**Signature of parent:** .....

**Name(printed)** .....

**This form, or a copy, should be kept by the coach.  
The information on this form will be held by Vectis Rugby Club.**