

NEWTON STORM A.R.L.F.C.

CLUB MEMBERSHIP FORM 2010/11



We are very pleased to welcome you to Newton Storm ARLFC

Annual Membership Fee

(please tick – payment must accompany this form)

Senior - £20

Family - £25

For club insurance purposes, ALL PLAYERS must complete and return a membership form (with payment) before they are eligible to play for Newton Storm ARLFC

Newton Storm ARLFC

Newton Sports Club

Crow Lane East

Newton-le-Willows

Merseyside

WA12 9XE

www.newtonstorm.co.uk



Fees include membership of Newton Sports Club for all named members.

Player Subscriptions

We have changed the way we collect player's subscriptions. Each team will be asked to undertake fundraising activities over the course of the season in order to cover the clubs operating and match day costs rather than asking individual players to pay weekly/monthly subs. Please see your coach for more information.

Membership renewals are due for payment on (or before) September 5th 2010

To ensure that we have the correct contact details for you, please provide the information requested below and return this form to your Team Manager **before September 5th 2010**

Please ensure the form is signed and includes emergency contact information

PLAYER DETAILS

Name: Date of birth:

Address:

Home Tel No: Mobile No:

Email address:.....

Players Age Group:

Gender: Male Female

Family Membership - Please include the names (and relationship to player) of all other family members:

Name:

Name:

Name:

Name:

In order to help the club monitor its membership, please tick one of the following boxes to identify your ethnic group:

White Black or Black British Mixed Chinese or Chinese British
Asian or Asian British Other ethnic group If other please state:

SPORTING INFORMATION

Have you played Rugby League before? Yes No

If yes, where have you played the sport*:

*Please inform your coach at the earliest opportunity if you have been registered to play with another club in the past two years.

MEDICAL INFORMATION

Please detail any important medical condition that our coaches/coaching co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc)

.....
.....

PLAYER/MEMBER DECLARATION

As a member of the club, I agree to abide by the club code of conduct as published on the Newton Storm ARFC website www.newtonstorm.co.uk

Signature: Date:

EMERGENCY CONTACT DETAILS – TO BE COMPLETED BY ALL PLAYERS/PARENTS

Contact name:

Relationship to player (parent/guardian/next of kin):

Emergency contact number:

PARENT/GUARDIAN DECLARATION - PLAYERS UNDER 18

By returning the completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details.

As a member of the club, I agree to abide by the club code of conduct as published on the Newton Storm ARFC website www.newtonstorm.co.uk

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.

Name of parent/guardian:

Signature of parent/guardian: Date: