



Ayr RFC & Wellington Youth Rugby Institution



A REGISTRATION FORM MUST BE FULLY COMPLETED FOR EACH CHILD AND SIGNED BY A PARENT (GUARDIAN)

Registration Form

Season 2017/2018

I would like my child to join the Ayr RFC & Wellington Youth Rugby Institution held at Wellington & Ayr Rugby Football Club ("the Club"). I understand that the Club, its servants, agents, employees or coaches are not under any liability whatsoever for the loss of property, accidents or injuries of, or to, myself or my child, however caused, whilst on the Club premises, or during the course of training, preparation or matches played at the Club or other grounds. Until the subscription is paid the SRU's insurance cover will not be valid and the child will not be allowed to train or play.

Although I understand that the Club would prefer parents to be present at all time, if this is not possible and it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this. I hereby give my general consent to any necessary medical treatment including anesthetic, which the medical professionals present consider necessary. In addition, I authorise the Coach in charge of the age group to sign any document required by the hospital authorities. I further consent to my child traveling by private transport to away fixtures when I am unable to provide the necessary transport.

Mother's Name and Mobile Number _____

Father's Name and Mobile Number _____

Parent/Guardian Signature _____ **Date;** _____

CHILD'S Full Name _____

CHILD'S Date of Birth _____

Home Address _____

Home Telephone Number _____

Email Address _____

School _____ **School Year** _____

Your child may be photographed or filmed when participating in rugby.
Please delete as appropriate (Including Website)

I GIVE my permission for my child to be involved in photographing/filming including the use of photographs selected for display on the <http://www.wellingtonschool.org> or www.ayrrugbyclub.co.uk websites.

I DO NOT GIVE my permission for my child to be involved in photographing/filming or for the use of photographs selected for display on the <http://www.wellingtonschool.org> or www.ayrrugbyclub.co.uk websites

Relevant Medical History

Name of General Practitioner _____

Address of GP: _____

Telephone Number of GP _____

Please complete the following details. If none, please state "none".

1. Any pre-existing medical conditions that may affect your child's participation in rugby (please include relevant medical history):

2. Any medication or treatment required:

3. Any existing injuries (include when injury sustained and treatment received):

4. Allergies, including allergies to medication:

5. Is your child's tetanus vaccination up to date?

6. Has your child been in contact with any contagious or infectious disease or suffered from any such disease in the last 4 weeks? (If so, please specify)

Please ensure that you inform your child's age group coach of any changes to this information

Please note, a gum shield must be worn to both training and fixtures

Subscriptions

Subscriptions are set out below.

Age Group	Subscription per annum
P1-P3	£55
P4-P7	£75
S1-S2	£90
U15-U18	£110
Wellington Pupils	Fees paid

Cheque payment is preferred wherever possible please, payable to **Ayr RFC (Youth Section)**. Please complete this form in duplicate and return both copies to your age group Coach with your payment.

Code for Players

- Play for enjoyment, not just to please your parents or coach.
- Abide by the laws of the sport.
- Never argue with the decisions of match officials. Let your captain or coach ask any necessary questions.
- Control your temper - no foul language.
- Work equally hard for yourself and your team - your team's performance will benefit and so will your own.
- Be a good sport - applaud all good performance, whether by your team or by the opponent.
- Treat all participants, as you yourself would like to be treated.
- Remember that the aim of sport is to have fun, improve your skills and feel good.
- At the end of play, applaud and thank your opponents and the match officials.
- Win with humility, Lose with dignity.

Parent or S1-U18 player to sign - Delete as appropriate*

***I AGREE** that my child will / **I WILL** abide by the above principles, practices and codes and help to achieve these aims in all aspects of our club.

Name Signed Date