



## Pocklington RUFC Player Registration Form



Team:		Season:	2009 / 2010
Surname:			
Forename(s):			
DOB:	/ /	RFU Reg. No.:	
Address:	Post Code:		
Home Telephone Number:			
Mobile Contact Number:			
Email Address:			
Doctor's Name:			
Doctor's Address:			

**If you suffer from any medical complaint or allergy please give details and if applicable a doctors letter regarding suitable treatment.**

Membership Fee £ 50.00 enclosed ( cheque made payable to Pocklington RUFC )

I understand that Pocklington RUFC, its servants, officers, agents or employees are not under any liability for the loss of property, accidents or injuries incurred whilst participating in activities at Pocklington RUFC or any other venues where matches are played.

I accept that media images may be taken, by coaches and other authorized persons whilst playing.

I consent to any emergency treatment necessary during the course of the season and I will keep the club informed of any change in medical circumstances.

I agree to adhere to the club's Code of Conduct

Signature of Player:		Date:	
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