



Membership Form 2010–2011

Youth/Mini

Name of Player:.....

D.O.B.....

Address:.....

.....

Postcode:..... Parent Telephone:.....

Parent Mobile:.....

Parent Email:.....

Emergency Contact Number:.....

Name of Emergency Contact:.....

Relationship to you:.....

Medical Conditions (if any):.....

.....

.....

School Attended:.....

***I consent to photos / video or quotes involving the persons named on this form to be used for future publicity and promotion for BRFC. I understand I can withdraw my consent at any time in writing to the Club Secretary.**

In compliance with the Data Protection Act, we must point out that the information on this form will be kept on a database. The data will be used for automatic processing for annual membership and information distribution.

If you do not wish to receive such mailings please tick here