

OAKMEADIANS R.F.C. LTD - JUNIOR SECTION

Meyrick Park, Bournemouth, BH2 6LJ
Tel 01202 789497 – www.oakmeadians.co.uk

REGISTRATION FORM PLAYER PERSONAL DETAILS

Season	Squad	Number
Mem.No	/ U /	



MEDICAL CONSENT DETAILS:

I agree that if my Child (the Player) urgently requires medical treatment during an Oakmeadians RFC Ltd Junior Section ("Acorns") activity and it is not possible to contact me or the Player's other parent/guardian, the person in charge of the party is authorised to give consent on my behalf. Please state any medical conditions the Player has that Acorns' should be aware of (including mild asthma).

Family Doctor:-	
Player's Medical Conditions	
Doctor Phone No:-	
Player's First Name	
Middle Name(s)	
Last Name	
Present School	
Age on 1 st Sept. 2007	
Date of Birth	
Ethnic Origin	
RFU number (if known)	
Playing Position	
Named Parent Guardian	
Address:	
Post Code	
Phone Number	
Email address	
Emergency Phone Number	
Occupation	
Name of other Parent Guardian	
Phone Number	
Email Address	
Emergency Phone Number	
Occupation	

ETHNIC ORIGIN:

The Rugby Football Union (RFU) require Acorns to record the player's ethnic origin. Please use one of the following categories:

- UK European/Irish
- UK Asian
- UK Afro Caribbean
- Other European
- Afro Caribbean
- Other

Please hand the completed form and payment to your Child's Coach. Please provide separate forms for each of your children. Codes of conduct for coaches, players, and parents/spectators attached to this form is for your retention.