



<b>SRU Registration No:</b> _____ _____
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**SUBS and REGISTRATION FORM**

**If you are registering a player to our club for the first time the whole form has to be completed. If the player is already registered to the club please complete the SRU Registration No Box and sections 1 (line 1), 3 and 4**

**1. Personal Details:** (Please print clearly)

**Forename:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**M/F:** \_\_\_\_\_ **Address 1:** \_\_\_\_\_ **Address 2:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Contact Tel:** \_\_\_\_\_  
(inc. code)

**Email:** \_\_\_\_\_ **Name of Parent/Guardian\*:** \_\_\_\_\_

**Contact no:** \_\_\_\_\_ **Email/postal address** \_\_\_\_\_  
(if different from above)

**2. Eligibility to play for Scotland:**

**Place of Birth:** \_\_\_\_\_

**Rugby Club:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Do you play rugby at this school? Yes/No**

**3. Subscriptions**

Please Circle Team

<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>	<b>P7</b>	<b>S1</b>	<b>S2</b>	<b>U15</b>	<b>U16</b>	<b>U18</b>
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**Subscription –Please Tick**

<b>Under 19 £35</b>		<b>2 or more Siblings £50</b>					
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**PLEASE MAKE CHEQUES PAYABLE TO;- RHC COUGARS YOUTH RUGBY**

**4. Declaration:**

I declare that the above information is correct. In signing this form I agree that the above named player shall be bound by the regulations, bye-laws, general regulations and directives of the International Rugby Board and the bye-laws and resolutions of the Scottish Rugby Union and the rules of the player's club. I understand that this form, which includes personal data about the above named player for the purposes of the Data Protection Act 1998 ("the Act"), will be kept by Scottish Rugby Union plc ("the SRU"). As well as being held by the SRU, I understand that this data will be processed by the SRU in the following ways: disclosure to medical advisers and other lawful third parties; and disclosure to rugby clubs (including non-affiliates of the SRU), all within the terms of the lawful purposes specified in the SRU's notification to the Information Commissioner under the Act, and I consent to this processing.

**Agreed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Player or Parent/Guardian if Under 16 years of age

**RHC**  
  
**COUGARS**  
**YOUTH RUGBY**  
**MEDICAL DISCLAIMER**

Has your child ever suffered from an illness affecting the following: Heart, Liver, Lungs, Epilepsy, Kidneys, Blood
If Yes to any of the above please give brief details:
Does your child suffer from any other Medical condition? If so, please specify
Is your child on any long term medication?(If Yes, please state what it is):

**CHILD PROTECTION FORM**

	Please initial
I have seen a copy of the RHC Cougars Child Protection and Good Practice Policy Statement. (Refer to website- rhcrugby.co.uk for a copy)	
I am happy for my child to be photographed and named in photographs and articles to do solely with RHC Cougars Youth Rugby.	
I know that Philip Williams is RHC Cougars Child Protection Co-ordinator and his telephone number is 0131 312 8581.	
I consent to my telephone number and e mail address and home address to be used by club officials and club members purely for means of communication about RHC Cougars and its rugby activities.	

I declare that the information given above is correct and that I, and my child, will comply with the rules of RHC Cougars Youth Rugby.	
Signed	Date     /     /
Name	