

Personal Details			
Name			
Address			
Telephone		Mobile	
Email			
Date of Birth			
Membership type (please tick relevant type)	Full Playing Member @ £85.00		Full Playing Member @ £70.00 (Discounted)
Student/Part Playing Member @ £45.00	Social Member @ £20.00	Armed Forces Community Member @ £75.00	Guest Member (less than 3 games) @ £10.00 per game
	Honorary Non-Playing Member £0.00		
Payment Type (please tick)	Cash		Bank Transfer
<p><i>Please Note: Membership payments are to be received on completion of this application. Discount (£15) will be given to full members if paid by the beginning of September. You will not be permitted to play unless membership has been paid in full. Membership is for the named individual only.</i></p>			
<p>I confirm that I am over 17 and wish to apply for membership of Ashford Barbarians RFC (Ashford Rugby Club 2013 Limited) 2017/2018 season as specified above and commit to the Tenets of the club.</p>			
Signed:	Print Name:	Date:	
Office Use only:			
Date payment received:		Method:	Bank Transfer / Cash
Last 4 card numbers:		Bank credit reference:	

Emergency Contact			
Name			
Address			
Relationship to player			
Telephone		Mobile	



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Player Profile Record

Health & fitness assessment	
In which other sports / physical activities are you involved?	
How many hours per week do you train?	
Have you played Rugby before?	
If Yes, where and for how many seasons?	
Height	
Weight	

Medical History	
Do you have any medical conditions, disabilities or allergies?	Yes / No
If the answer is Yes, please list each condition, disability or allergy and any medication you take for it.	

Condition / disability (e.g. asthma, diabetes, epilepsy, anaemia, haemophilia, viral illness etc.)	Medication (e.g. tablets, inhalers, creams etc. – give drug names)	Frequency (e.g. twice daily, only with symptoms etc.)
Allergy (e.g. bee stings etc.)	Medication (e.g. tablets, inhalers, creams etc. – give drug names)	Dose / frequency

History of injury (list any injuries, when they happened and who treated you)				
Injury (e.g. concussion)	When (e.g. Sept 2007)	Treatment received	Who treated you (e.g. Doctor)	Current status of injury (fully recovered or not)



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Cardiac Questionnaire (please tick each box that applies to you)

Fainting		Palpitations	
Dizzy turns		Chest pain or tightness	
Breathlessness or more easily tires than team-mates		Sudden death in your immediate family of anyone under 50	
History of high blood pressure		Smoking (how many per day)	
Diabetes			

Signatures

I confirm, that by signing this document, I am / am not a member of another Rugby Club (please circle as appropriate).

If you are a member of another club, please tell us:

Name of Club:

Name of league of Club named above:

Date of profile completion	
Players signature (or guardian if under 18)	
Profiler's signature	
Follow-up date (if applicable)	

Player Profile For Website

Please write a few words about yourself for the website – Previous Clubs, Position – A bio in your words.



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Membership / Payment Information – Please retain

Information for bank transfers:

Account number: 23245292

Sort code: 20-02-62

Reference: **Your name**

Membership Benefits:

- Training facilities and coaching;
- Club Tie (players only);
- Players post-match meals;
- Full voting rights at Club General Meetings;
- Member's offers from Club Sponsors;
- Invitations to Club Evenings and fund raising events.

IMPORTANT NOTE:

Players are not covered by the Club's R.F.U. Compulsory Insurance unless membership fees have been paid in full.

Although all registered players are covered under the RFU scheme, benefits may not commensurate for the funds that could be required in the unlikely event of serious injury.

Further details on additional cover are available from the RFU website – www.rfu.com.

