

LETCHWORTH RUGBY FOOTBALL CLUB

RFU Youth Player Registration &

Mini / Junior Membership Application 2020 / 21 First Child £120

Player's Details (First Child)

Surname					
First Name		Initial		Date of Birth (dd/mm/yyyy)	
Mailing Address				Male / Female	
				School	
Postcode				Name of any previous Club	
Please detail any medical conditions and medicines taken (e.g. allergies, asthma etc.)					

Parent/Carer Details 1	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	This person will be registered with the Club			
Surname				Contact Telephone Number:	
First Name		Title			
Address	Same as players	Yes <input type="checkbox"/>	Contact e-mail address:		
				Date of Birth	
Postcode					

Parent/Carer Details 2	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	This person will be registered with the Club			
Surname				Contact Telephone Number:	
First Name		Title			
Address	Same as players	Yes <input type="checkbox"/>	Contact e-mail address:		
				Date of Birth	
Postcode					

Printed Name: **Signature:** **Date:**

SUBSCRIPTION: £120.00 per annum

For each additional Mini / Junior Player please complete additional child form (cost - £30 each).

****The club would like to advise all members that half of your membership fee qualifies as a donation for gift aid. Please see the Gift Aid declaration note attached.**

I wish to pay my membership fee as follows:

By Bank Transfer: ☐ Payment to **Sort Code: 20-41-12 Account Number: 20956457**
Please use player's name as reference

By Cheque: ☐ Cheque to be made payable to 'Letchworth Garden City RFC' and returned with this form.

By Cash: ☐ Please give form and cash in envelope to the Membership Secretary Or a Committee Member.

By Credit/Debit Card: ☐ Take form to bar where your payment will be taken.

By Standing Order: ☐ Standing Order already in place Date Paid.....and Reference used.....

By Online Payment: ☐ Single payments (by card) or installments (by direct debit) are available online.
For details email our Membership Secretary at richardsell100@gmail.com

Please Tick to confirm your agreement.

Parents / Guardians remain responsible for the children at all times. If you plan to leave the ground then you must arrange for another adult to take responsibility and you must inform the senior age group coach or administrator. This is vital in the event of sickness or accident.	<input type="checkbox"/>
DATA PROTECTION: I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by LGCRFC and that I consent to the holding, use and disclosure of this data.	<input type="checkbox"/>
PHOTOS/ VIDEO: I consent to the photographing / videoing and publication of images of the above named player under the RFU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.	<input type="checkbox"/>
PARENTAL CARE: I understand that I or a nominated person will remain within the club premises whilst my child is playing, whether at home or away.	<input type="checkbox"/>
MEDICAL CONSENT: In the event of an accident or injury where the coach / administrator is unable to contact either of the contacts named above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.	<input type="checkbox"/>

Office Use Only Payment Spreadsheet: <input type="checkbox"/>	Payment to Treasurer: <input type="checkbox"/>	GMS Database: <input type="checkbox"/>
Standing order sent to bank: <input type="checkbox"/>	Club Database: <input type="checkbox"/>	RFU Membership No: <input type="checkbox"/>

LETCWORTH RUGBY FOOTBALL CLUB

RFU Youth Player Registration &

Mini / Junior Membership Application 2019/20 Additional Children £30 Each

Player's Details (Second Child)

Surname					
First Name		Initial		Date of Birth (dd/mm/yyyy)	
Mailing Address				Male / Female	
				School	
Postcode				Name of any previous Club	
Please detail any medical conditions and medicines taken (e.g. allergies, asthma etc.)					

Player's Details (Third Child)

Surname					
First Name		Initial		Date of Birth (dd/mm/yyyy)	
Mailing Address				Male / Female	
				School	
Postcode				Name of any previous Club	
Please detail any medical conditions and medicines taken (e.g. allergies, asthma etc.)					

Player's Details (Fourth Child)

Surname					
First Name		Initial		Date of Birth (dd/mm/yyyy)	
Mailing Address				Male / Female	
				School	
Postcode				Name of any previous Club	
Please detail any medical conditions and medicines taken (e.g. allergies, asthma etc.)					

Printed Name:

Signature:

Date:

SUBSCRIPTION: £30.00 per annum each

****The club would like to advise all members that half of your membership fee qualifies as a donation for gift aid.**

Please see the Gift Aid declaration note attached.

I wish to pay my membership fee as follows:

By Bank Transfer:

☐

Payment to **Sort Code: 20-41-12 Account Number: 20956457**
Please use player's name as reference

By Cheque:

☐

Cheque to be made payable to 'Letchworth Garden City RFC' and returned with this form.

By Cash:

☐

Please give form and cash in envelope to the Membership Secretary Or a Committee Member.

By Credit/Debit Card:

☐

Take form to bar where your payment will be taken.

By Online Payment:

☐

Single payments (by card) or installments (by direct debit) are available online.
For details email our Membership Secretary at richardsell100@gmail.com

Gift Aid declaration – for past, present & future donations

Letchworth Garden City Rugby Football Club

Please treat as Gift Aid donations all qualifying gifts of money made:

Today and in the Future

☐

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details

Title	
First name or initial(s)	
Surname	
Full home address	
Postcode	
Date	
Signature	

Please notify Letchworth Garden City Rugby Football Club or CASC if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Data Protection Act The information, which is requested in this document, may be stored on a computer and, if so, it is subject to the Data Protection Act 1984. The act requires that all the information is strictly confidential and may only be accessed by those with a legal right to see it. The information will not be given to anyone else without your written consent. You have the right to examine, at any reasonable time, information which is stored on a computer. You have a right to correct any information that you feel is wrong or misleading. Please contact the Membership Secretary if you wish to examine the information stored on a computer about you or your child.

