



Membership Form 2009 – 2010

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