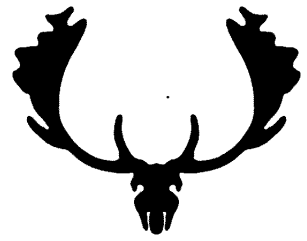


TEDDINGTON YOUTH RUGBY



PLAYER APPLICATION FORM

| | | | |
|---|--|---------------------------------------|--|
| Child Surname: | | First Name(s): | |
| Date of Birth: | | Names and dates of birth of siblings: | |
| Home Address: | | | |
| Postcode: | | | |
| <u>Please indicate Father or Mother / Home or Office etc. where appropriate</u> | | | |
| Home Phone: | | | |
| Work Phone: | | | |
| Mobile No: | | | |
| Child E-mail Address | | | |
| Parent E-mail Address: | | | |
| School attended: | | | |
| Medical Conditions/Allergies. Please amend if necessary. | | | |
| Father's Name: | | Mother's Name: | |
| By signing below Parents acknowledge that they have read the Teddington RFC Minis Terms and Conditions on the club website | | | |
| Parent's signature: | | Date: | |