



Tarleton Rugby Union Football Club

Senior Player Membership Form

*Christian Name/s _____

*Surname _____

*E-mail address _____

*Address _____

*Post Code _____

*Date of Birth _____

*Home telephone _____ *Mobile telephone _____

Do you have any health problems that the club and coaching staff should be made aware of? – If so, please give outline details

Signature

Date _____

I confirm that I am the above named Player and accept that Tarleton RUFC will not be held responsible for any injuries I might incur whilst playing Rugby albeit suitably supervised by the Coaching staff. Furthermore Tarleton RUFC cannot be held responsible for any belongings of Players that are lost or stolen during matches or training.

Please tick the box if you are a FOUNDER MEMBER