



EXETER SARACENS RFC
YOUTH REGISTRATION FORM

Please complete the form below, providing as much detail as possible.
Please use one form per family where appropriate

Last Name: Child 1 _____

Child 2 _____

First Names: Child 1 _____

Child 2 _____

Date(s) of Birth _____

Address _____

Post Code _____

Home Tel number _____

Mobile number _____

Email address _____

Emergency numbers _____

Parent(s) names _____

Parent(s) occupations _____

I agree to my child attending the training sessions or matches. I understand that the club or its coaches cannot be held liable for the loss of property during training sessions or matches. I understand that the club adopts a policy of tolerance towards photography during training sessions or matches as long as this is strictly restricted to the field of play. I have read, signed and understand the medical consent form. I understand that the club holds a database of the contact details of members and that this will only be used to send out further information relating to the club and or club events. I have read the Devon RFU Code of Conduct and agree to abide by its recommendations.

Signature of Parent or Guardian _____

For completion by coaches only:

Age Group: _____

Paid: Cash/Cheque (please delete as appropriate)

