



Member Registration Form

Please complete the Member Registration form in full and return to:
swindonsharksrugby@gmail.com

The [Articles of Association for the club can be read here](#)

First Name:			
Surname:			
Email:		Date of Birth:	
Mobile:		Emergency Contact:	
Address:		Postcode:	

Membership:	Monthly (£12) <input type="checkbox"/>	Pay As You Go (£4) <input type="checkbox"/>	Membership Start:	
Payment Method:	Card <input type="checkbox"/>	BACS <input type="checkbox"/>		

Please detail any known medical conditions or injuries that may affect you

Declaration

This declaration must be signed by the member or a parent of legal guardian if under 18.

1. I understand that participation in physical activities, including touch rugby, carries a risk of injury.
2. I confirm that I am physically fit to participate and will inform the club if my health status changes.
3. I understand that I should consult a healthcare professional if I have any doubts about my fitness to participate.
4. I have read and agree to the clubs code of conduct as outlined in the [Articles of Association](#), including sportsmanship, respect for others, and adherence to club rules.
5. I consent to the club using my personal information for membership administration, training and event updates and club-related communication. I understand that my data will be stored securely and not shared without consent.
6. I understand that I am required to pay the monthly or pay as you go membership fee in order to train and maintain my active membership status.

Signature: Print Name:

Date: