



**DUNDEE EAGLES MEMBERSHIP  
SEASON 2009/2010**

EAGLE'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

CONTACT NAME (Parent/Guardian): \_\_\_\_\_

CONTACT'S ADDRESS (If different to above): \_\_\_\_\_

EMERGENCY TELEPHONE NO.(when child is at Training/Games): \_\_\_\_\_

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Membership Applied For (please tick)

Player Membership Fee

P1, P2, & P3      £35

P4 to Under18s    £45

If 3rd or 4th child is also an Eagle this season, please discount the 3rd and 4th fee, by 50% on the lesser fee.

Family membership is £100.

Cheque payable to **Dundee Eagles**.

The membership form and cheque can be handed to Toni McNicol (the membership secretary), Simon Fraser (Eagles Convenor) or your Eagle's coach.

Signature of Parent/Guardian: \_\_\_\_\_

**Please indicate below which categories you (as a Parent/ Guardian) would be willing to help out with the running of the Eagles Rugby Club. The categories are:**

**Coaching. .... Transport. .... Catering. .... Fund raising. .... Committee Work. ....**

**Please complete at least one of the categories, thank you.**

NOW PLEASE COMPLETE THE MEDICAL INFORMATION ON THE REVERSE .



## **DUNDEE EAGLES** Medical Information

It is important that the coaching staff is aware of any medical condition that your child may have, to ensure the child's welfare is protected while in the company of the Dundee Eagles. All information supplied, will be treated with the strictest confidence. Any concerns should be discussed with members of the coaching team.

**Does your child suffer from a condition that requires medication?      YES / NO**

Condition: \_\_\_\_\_

Medication taken: \_\_\_\_\_

**Is your child allergic to any medication or food?      YES / NO**

Please give details: \_\_\_\_\_

**Has your child had a Tetanus injection in the last five years?      YES / NO**

**Family Doctor's Name and Address:** \_\_\_\_\_

### **Medical Declaration:**

I consent to my child receiving first aid, medical treatment and care as appropriate.  
I undertake to inform the coach in charge as soon as possible of any change in circumstances.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Photograph & Video Consent.**

I give permission for photographs / video to be taken of my child during activities organised by the Dundee Eagles, and that they may be used for advertising, promotion, analysis, or used on the Dundee eagles website.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Player's Details Consent.**

I also agree that if required by the SRU, the Eagles can pass details of my child to the Union.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

New Player	<input type="checkbox"/>
Change of Details	<input type="checkbox"/>



<b>SRU Registration No:</b>
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**PLAYER REGISTRATION FORM**

Please complete, tick all relevant boxes and return to Player Registration at Scottish Rugby Union, Murrayfield, Edinburgh, EH12 5PJ. If you have any questions, please call 0131 346 5162. Form must be signed by player/parent or guardian\* and a Club Official/Head Teacher.

**1. Personal Details:** (Please print clearly)

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

M/F: \_\_\_\_\_ Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
(inc. code)

Email: \_\_\_\_\_ Name of Parent/Guardian\*: \_\_\_\_\_

Contact no: \_\_\_\_\_ Email/postal address \_\_\_\_\_  
(if different from above)

**2. Eligibility to play for Scotland:**

Place of Birth: \_\_\_\_\_

**If not Scotland are you eligible through one of the following:-**

Parent/Grandparent born in Scotland  
 rugby for any other country
                 
  Permanent Residency (3yrs+)
                 
  Have not played Rep.

**3. Rugby Club/School of which you are a playing member:**

Rugby Club: \_\_\_\_\_

School: \_\_\_\_\_ Do you play rugby at this school? **Yes/No**

**Position:** (tick all that apply)  **Non-Position Specific**

Tight Head  Hooker  Loose Head  Left Lock  Right Lock  Blindside Flanker  Openside Flanker   
 Number Eight  Scrum Half  Stand Off  Left Wing  Inside Centre  Outside Centre  Right Wing  Full Back

**4. Declaration:**

I declare that the above information is correct. In signing this form I agree that the above named player shall be bound by the regulations, bye-laws, general regulations and directives of the International Rugby Board and the bye-laws and resolutions of the Scottish Rugby Union and the rules of the player's club. I understand that this form, which includes personal data about the above named player for the purposes of the Data Protection Act 1998 ("the Act"), will be kept by Scottish Rugby Union plc ("the SRU"). As well as being held by the SRU, I understand that this data will be processed by the SRU in the following ways: disclosure to medical advisers and other lawful third parties; and disclosure to rugby clubs (including non-affiliates of the SRU), all within the terms of the lawful purposes specified in the SRU's notification to the Information Commissioner under the Act, and I consent to this processing.

**Agreed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Player or Parent/Guardian if Under 16 years of age

**Agreed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Club Official/Head Teacher)

**\*If player under 16**