



Member Registration Form

Cambourne Exiles Rugby Football Club : www.cambourneexiles.com
(This information is protected by the club data protection policy)

Name (Title/First/Last)		
Membership Required (please tick)	<input type="radio"/> Player	- Match Fees
	<input type="radio"/> Associate (for non-players)	- £20 per season
Gender		
Date of Birth (DD/MM/YYYY)		
Coach ? / Referee ?		
Email Address		
Phone Number		
Address (building name/number)		
Address (line 1)		
Address (line 2)		
Address (line 3)		
Address (town)		
Address (county)		
Address (postcode)		
Address (country)		
Blood Group (if known)		
Allergies / Medical Problems		
Emergency Contact #1	Name	
	Phone No.	
<p>Declaration : As a member of Cambourne Exiles RFC, I agree to :-</p> <ul style="list-style-type: none">• adhere to the RFU Core Values and to abide by club policies.• inform the club of any changes to the above information.• keep payment of fees up to date and understand that membership and/or the right to play for the club will be suspended if debts of £50 or more are accrued and remain suspended until debts are fully repaid.		
Signature :		Date :