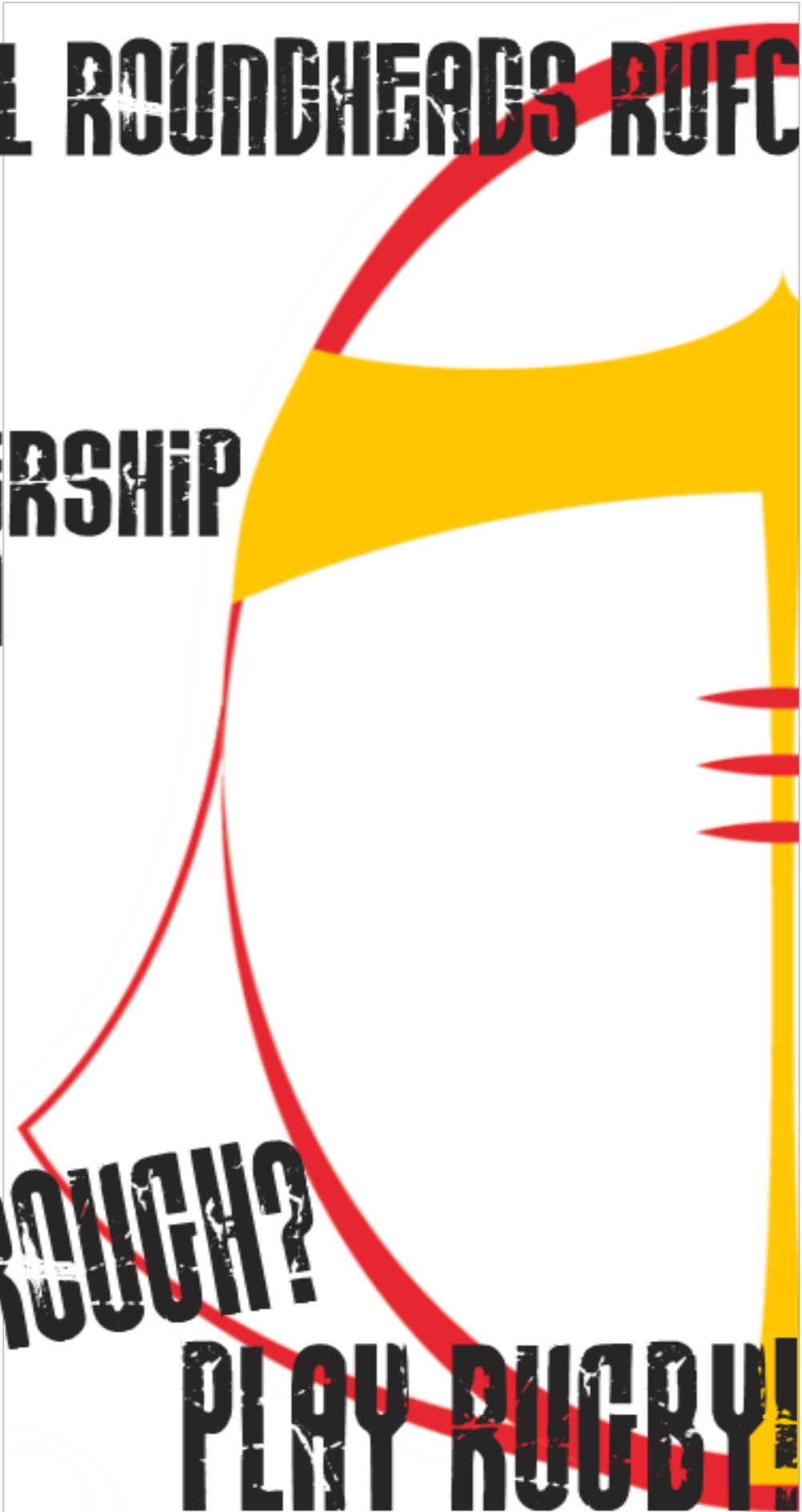


THE HULL ROUNDHEADS RUFC

**MEMBERSHIP
FORM**

PLAY ROUGH?

PLAY RUGBY!



Membership Form

This form is to be used by any person over 18 years of age who wishes to become a member of The Hull Roundheads RUFC. The form is designed so that the information is collected in the correct order to help input the data onto TeamApp, The Hull Roundhead RUFC online membership system. Your personal data will be stored on TeamApp to support your application process and your current and potential future involvement with The Hull Roundheads RUFC. It is also kept for monitoring purposes. Some information is considered sensitive personal data under the Data Protection Act 2018 and as such will be managed as required under the act. Further information can be found at hullroundheads.co.uk/dataprotection

You can update your personal information on TeamApp, after registering, at any time.

Once the information has been added to TeamApp, this form will be retained by the appointed Membership & Recruitment Officer and The Club Secretary.

Please complete in block capitals. Yellowed out boxes are compulsory fields on TeamApp.

Title	
Surname	
Forename(s)	
Date of Birth	
Gender	
First Line of Address	
City	
Postcode	
Nationality	

Emergency Contact Details

Contact Name	
Contact Number	
Relationship	

Additional needs/Disabilities (please tick those as necessary and provide details)

Guidance

<input type="checkbox"/> Developmental		ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other
<input type="checkbox"/> Injury		Body, Brain
<input type="checkbox"/> Learning		Spina Bifida, Down’s Syndrome, Other
<input type="checkbox"/> Medical		Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other
<input type="checkbox"/> Mental health		Bipolar, Depression, Eating Disorder, self-harm, Other
<input type="checkbox"/> Progressive		Muscular Dystrophy, Other
<input type="checkbox"/> Sensory		Hearing, Vision, Other

Medication Taken (please provide details of any medication taken)

History of Injury (List any injuries, when they happened and who treated you)

Injury (eg Concussion)	When (e.g. Sept 07)	Treatment Received	Who Treated You (e.g. Doctor)	Current Status of injury (fully recovered or not)

Declarations

Member Declaration

Please note, by signing this form you will, as appropriate, accept, confirm and declare all the matters under this section. If you do not agree with any one of the items below, do not sign this form. For advice, please The Membership & Recruitment Officer.

1. Acceptance of Hull Roundheads RUFC values and RFU rules

By signing this application, I confirm that I:

- a) accept the values of Hull Roundheads RUFC as set out in the Code of Conduct;
- b) have received a copy of The Hull Roundheads RUFC Code of Conduct;
- c) agree not to promote any beliefs, behaviours or practices that are not compatible with the values of Hull Roundheads RUFC or the RFU;
- d) agree to abide by the policies and rules of The Hull Roundheads RUFC;

2. Data Protection

As a registered Data Controller, The Hull Roundheads RUFC is committed to the Data Principles of the Data Protection Act 2018. By signing this application, I agree to The Hull Roundheads RUFC during and beyond my Membership or involvement with the organisation:

- a) Retaining my personal data to facilitate any present or potential future involvement with Hull Roundheads RUFC;
- b) Retaining personal data regarding my religion, special needs/disabilities, ethnicity, medical information .

I have read and understood the Applicant Declaration & Data Protection Declaration

Signature

Print Name

Date