

Cambridge University Rugby League Football Club Membership Form

Full Name:

College:

Date of Birth:

CRSid:

Alternative Email Address:

Mobile Number:

Emergency Contact Name and Number:

Medical Conditions:

Having read the Code of Conduct and other policies provided by the Club, and that for Players as outlined by the Rugby Football League, I acknowledge my understanding of these policies, and agree to abide by them.

I also acknowledge that I understand the range of possible consequences, should my conduct fall short, on or off the pitch, of the above-mentioned Code.

I consent to my name and my image being included or evident on official Club social media:

Website
 Instagram

Facebook
 Twitter

This signifies my understanding of and agreement with the Club's Data Protection Statement.

I confirm that the Emergency Contact for me is correct. If not, an up to date one is provided. The same applies for my medical history. Should these change while I am a Member, I will make the President and Club Captain(s) aware.

My signature here confirms that I am to be considered a full member of the Club for the duration of my time as a student at the University of Cambridge, and so agree to pay the annual subscription fee. Should this change at the end of an Academic Year, I confirm that I will make the President, the Club Captain and the Treasurer aware as soon as possible. Should this change during the Academic Year, I will let the same officers aware, and agree to honour the subscription fee to an extent that will be confirmed by the President and Treasurer on a case by case basis.

Signed:

Date: