



Portsmouth JRFC
 Norway Rd
 Hilsea
 Portsmouth
 Hampshire, PO3 5EP
 Tel 02392 660610

Age Group:

Mini/Junior Membership Application Form 2016/17

Rugby First No: _____ Office use only

Date re-registered: _____ Office use only

Players Name		Parents/Guardian Name		
Address		Home Tel No		
		Mobile Tel No		
Post Code		Preferred Tel No		
Players D.O.B.		E-mail Address		
Parents Occupation (Optional)		Player's school & year from September 2016		

New for 2015/16:		2016/17	Paid:
The fees outlined below are the "Registration Fees" for each age group.		Full Season Registration Fee	[Date:
Membership	Mini (U6s)	£10	[]
	Mini (U7s – U12s)	£50	[]
	Junior (U13s – U16s)	£75	[]
	Colts (U17s – U18s)	£75	[]
		Total	£

PLEASE MAKE CHEQUES PAYABLE TO "Portsmouth JRFC"

Important Notice

The Club has the RFU approved insurance policy for players. It covers death and disability only, it does not cover medical expenses or loss of earnings and players are STRONGLY advised to purchase their own insurance for these risks.

Portsmouth JRFC is a registered charity and as such would wish to treat your subscriptions as "Gift Aid" and obtain a further 20% income from the government. If you sign this form PJRFC will treat that signature as your agreement to allow us to claim gift aid. If you do not wish us to claim gift aid please speak to a committee member before signing the form.

In order to allow gift aid to be taken you must pay an amount of Income Tax or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year. If you pay tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

SIGNED: _____

DATE: _____

Extra Information (re Players):
Medical Conditions: Allergies; Medications etc. (Please complete the separate Coach record in addition to below.)
(Complete over-leaf if necessary)

OFFICIAL USE ONLY				
Date Fees Paid	Amount	Received by	Receipt No:	Outstanding