

**DOVER RFC DEVELOPMENT SQUAD  
CLUB MEMBERSHIP 2007 / 2008 SEASON**

Your surname :			
Your forenames :			
Date of birth		Nationality	
Your address :			
Home phone number		Your mobile number	
E-mail address			
Emergency contact numbers			
Passport number, country and date of issue (if not UK)			
Previous club and date of de-registration			
Preferred playing position	1)	2)	
Occupation :			
Do you suffer from any allergies or ailments or are you taking any prescribed medication ?			
YES / NO			
If yes, give full details, including name of medication :			
I hereby consent to emergency medical treatment, including the administration of anaesthetic, if required, being carried out following an injury caused at or by playing rugby for Dover RFC. I also agree that team, match-play, training or other rugby-related photographs may be used in media reports, club notice boards or on the club web-site if required.			
Signature :		Date :	

**It is important that this form is completed immediately and returned, together with the registration fee £35. This ensures that you are a member of Dover RFC and are covered by RFU insurance. Please return to your manager / coach.**

