

BISHOPTON RUGBY FOOTBALL CLUB



Name: _____

Address: _____

Date of Birth: _____

Contact number: _____

Parent/Guardian details:

Name: _____

Emergency contact: _____

Emergency contact (should parent be unavailable):

Any known medical conditions/allergies:

Declaration:

I am happy for my son/daughter participate in min/midi rugby at Bishopton Rugby club.

Signed: _____

Date: _____

President: David Burke
Tel: 01505 340648

Coach: David Jackson
Tel: 07920 194169

Club Secretary: Martin Rainey
Tel: 01505 862623

