



Bahrain Rugby Football Club

Sports and Activities Application & Waiver

Junior. Senior.



Office Use.....

Application Received Dated:

Waiver checked Dated:

Fees Received Dated:

About The Participant.....

(All Details must be completed)

Title : Mr. Master. Mrs. Miss.

Family Name:

First Name(s):

Date of Birth: Day: Month: Year:

C.P.R. Number:

Bahrain RFC Sport Section Requirement(s).....

Membership No.

Parents Details if completing for a Minor

Family Name:

First Name(s):

Learning Difficulties.....

(This may help the coach give your child the extra attention they may need)

Please give us any details you consider important.

Which Sports do you wish to participate in?

- Rugby.
- Football.
- Gaelic Football.
- Swimming
- Touch Rugby
- Netball
- Gymnasium / Fitness Sessions and Classes
- Cricket Coaching and Nets
- Other : _____

Office Use.....

Places Available Chk Dated:

Waiting List ? Dated:

Section Lists Updated Dated:

Member informed Dated:

Medical History.....

(all information is required)

Please Check this box if you/they are Asthmatic.

Please Check this box if you/they are Diabetic.

Please List
Details:

Please Check this box if you/they have any known Allergies (Especially to Medicines).

Please List:

Please Check this box if you/they have any other known Medical conditions you feel the coaches / Club's Medical Officers should be aware of.

Please
Describe:

Periodically, when required, Bahrain RFC's medical staff and/or coaches will administer paracetamol, aspirin, ibuprofen, Sticking Plasters, Deep Heat, &/or basic first aid.

I confirm that I/they have no allergies to the above mention first aid supplies & have no objection to their use

Medical Insurance Details.

Please Confirm if you/they have Medical Insurance that covers Rugby / General Sports.

Company

Policy No.

Emergency Contact Details.

Title: Mr. Mrs. Miss. Other _____

Family Name:

First Name(s):

Emergency Contact Details

Telephone (Home):

Mobile Phone No:

Title: Mr. Mrs. Miss. Other _____

Family Name:

First Name(s):

Emergency Contact Details

Telephone (Home):

Mobile Phone No:

In the event of an emergency Bahrain RFC will make every effort to contact the people named above on these numbers and inform them as to the nature of the emergency and the actions that have been taken.

Please ensure the numbers given are reliable

IMPORTANT - Please Read Carefully before signing

Please Ensure that this form is completed fully for each Person wishing to participate in any of Bahrain RFC's Sports Activities.

* We need to know a little of the participants medical history, in particular with relation to Asthma, Diabetes or any known allergies (in particular to medication(s)).

* Bahrain RFC coaches need to be sure that they can contact someone in case of an emergency.

* All sports Activities at Bahrain RFC attract a Sports Fee. This is used to support the bringing to Bahrain of outside coaches to ensure that BRFC's coaches are qualified and able to support your sporting ambitions.

Please ensure that all Fees are paid at time of submitting this form.

* All Sporting Activities organised by the Club operate on a prioritised basis, placing returning participants from previous seasons ahead of new Club Section Members. **Non-Members are not permitted to participate in Bahrain RFC organised Sporting Activities.**

Please Note that each of the Club's Sporting Activities has strict limitations as to the number of participant spaces available due to Space Requirements, Safety & Quality reasons.

Completion of the form, being a member of Bahrain RFC, and paying of the sports fees for any particular activity does not guarantee your admission to that activity in the event these numbers have been reached. (WAITING LISTS MAY APPLY!!)

In this case any fees paid for that Sporting Activity will be returned to you

Please Note: Your Signature on this completed application form signifies the following:

* The BRFC Club Member, in signing this form, acknowledges that their, or their child's, participation in Sporting Activities organised by or at Bahrain RFC's facilities by outside parties, carry some inherent risks, and that they understand that adequate medical coverage is the responsibility of the Club Member prior to their participation.

* The BRFC Club Member, in signing this form, acknowledges that Bahrain R.F.C only carries 'Public Liability Insurances' as required by the law of the Kingdom of Bahrain. No personal Accident or Medical Insurances are mandated or available at this time.

* The BRFC Club Member, in signing this form, acknowledges that Bahrain R.F.C accepts no liability for personal injuries, or damage to personal property, that may occur during their, or their child's, participation in any activities, sporting or otherwise, organised by and/or at the Bahrain RFC premises.

Please Note that you will NOT be able to register or participate in any Sporting Activities organised by and/or at Bahrain RFC if this form is not signed by the BRFC Club Member.

Member's Signature.....

(Parents should sign to authorise Under 18's to participate)

Club Member's Signature

Signature:

Dated:

Bahrain Rugby Football Club.
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