

£40 subs for the season

Cash or cheque

**Cheques made payable
to RPHC**



Membership form for returning Colts

Name	Date of Birth	Emergency Contact Numbers (2)	Address
		Contact 1 –	
Age <input data-bbox="268 992 408 1115" type="text"/>	Year group at school <input data-bbox="560 992 700 1115" type="text"/>	Contact 2 –	
<u>EMAIL ADDRESS:</u>			
Any medical conditions?			

I give full permission for my child to attend this club. In the event of an emergency or if my child is taken ill or is injured, I give my permission for the team manager/coach to obtain emergency medical treatment on his/her behalf if deemed appropriate.

Signed:

Date: