

SUFFOLK U17 SQUAD 2009-10

AMENDMENT TO DETAILS ONLY

Name:

Home address: **IF NEW**
.....
.....

Home Telephone: **IF NEW**

Parent/Guardian Mobile: **IF NEW**.....

Parents/Guardians e-mail:

Please only give this if you check your e-mails VERY REGULARLY. If an address is given, any change of venue or cancellation or any other message will be sent by e-mail

Parents/Guardians names: **IF NEW**
.....

School: **IF NEW**

Rugby teacher: **IF NEW**

Club: **IF NEW**

Coach: **IF NEW**

Any Medical problem

The details above will be held by Suffolk Rugby admin and may be passed to Eastern Counties & EPDC, but not to any other organisation. Please tick here if you **DO NOT AGREE** to us sharing your information. _____

Please tick here if you **DO NOT AGREE** to a photo of your son being taken for our records _____