



COBRA RUGBY CLUB

COBRATS JUNIOR RUGBY PROGRAMME Membership Application Form

Membership No.:

This application is for:

TYPE OF MEMBERSHIP	REGISTRATION FEE	ANNUAL FEE
<input type="checkbox"/> Normal	RM15.00 * * one time payment	RM600.00 per year. Payment Option (please tick one): <input type="checkbox"/> Quarterly @ RM150 per quarter <input type="checkbox"/> Half Yearly @ RM300 per half year <input type="checkbox"/> Full Year @ RM550 (RM50 discount)
<input type="checkbox"/> Asrama/ Boarding School	RM15.00 *	RM200 payable upon application.

PLAYER'S DETAILS

Name :	(per ID - MyKid/ MyKad/ Passport)		
Nickname :	Date of birth :	(dd/mm/yy)	
MyKid/ Passport No. :	Age this year :		
Gender :	Tel no. :	(M)	(H)
Address :	Postcode :		
Medical conditions :	(Allergies, asthma, diabetes, heart conditions etc)		

PARENT'S/ GUARDIAN'S DETAILS

Name :			
MyKad/ Passport No. :	Relationship :		
Address:			
Postcode :	Tel no. :	(M)	(H)
		(O)	
Email :			

EMERGENCY CONTACT (Other than Parent/ Guardian)

Name :			
Relationship :	Tel no. :	(M)	(H)

SIBLINGS IN COBRATS

No.	Name	Gender	Date of Birth	Age Group
1				
2				
3				
4				

DECLARATION BY PARENT/GUARDIAN (please tick all)

1. I understand and agree that rugby is a contact sport, and injuries may occur during the normal course of rugby activity, training and competition (“the activities”). I shall not hold Cobra Rugby Club (“the Club”) including its office bearers, coaches, managers, officials, agents, contractors, servants, employees or its members liable for any loss, damage or injury of whatsoever nature arising out of and/or in connection with the activities.
2. I understand that Cobrats Junior Rugby Program i.e. COBRATS is volunteer-run and meant for the development and enjoyment of rugby and as such, I shall commit to support the program in any way I can for the purpose of the improvement and betterment of the program.
3. I understand and agree that I shall be present and contactable at all times during the activities and I shall be responsible for the safety and security of my child.
4. I understand that a child is insured for a maximum sum of RM3,000 only per claim pursuant to the group insurance policy undertaken by the Club for activities within Malaysia. I understand and agree that I am at liberty to obtain additional medical coverage with the insurer of my choice.
5. By the submission of this form, I hereby consent and agree to abide by all the terms and conditions sated herein and all other rules and regulations that shall be set out by the Club from time to time. I confirm that all information provided herein is accurate to the best of my knowledge.
6. I hereby agree and consent that any information provided herein and any photographs, videos and images of my child may be used by the Club for the purposes of promoting, developing and marketing the sport or the Club including but not limited for tournaments and activities.
7. I understand that :
 - a. fees are to be paid before the 10th of the first month of each quarter (January, April, July, October) or half year. A strict “No Pay, No Play” policy shall be implemented by the Club.
 - b. There shall be no refund of fees for any absences or cancellation of practice sessions for whatsoever reason notified by the management. Replacement practice sessions are at the sole discretion of the Club.
8. By submitting this form, I hereby agree that the Club may collect, obtain, store and process personal data provided in this form for the purpose of receiving updates, news, promotional and marketing mails or materials from Cobra Rugby Club. I hereby give my consent to the Club to:-
 - a. Store and process my Personal Data;
 - b. Disclose my Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes.

For the purpose of updating or correcting such data, I may at any time apply to the Club to have access to my personal data which are stored by the Club.

For the avoidance of doubt, Personal Data includes all data defined within the Personal Data Protection Act 2010 including all data I have disclosed to the Club in this form.

ONLINE PAYMENT DETAILS:

BANK : CIMB BANK BERHAD

ACCOUNT NAME : COBRA

ACCOUNT NO. : 800 238 3063

Parent/ Guardian’s Signature

Date

Parent/Guardian’s Name:

Parent NRIC/Passport No:

FOR OFFICE USE:

Approved by

Membership No.

Vice President/ Committee Member

Name:

Date:

Cobrats Administrator

Name:

Date:

Date joined
