**A cartoon dragon with flames coming out of its mouth

Description automatically generated**

**Wales 5s  
WHEELCHAIR RUGBY UNION**

MEMBERSHIP FORM - SEASON 2024 / 2025  
**Member Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GBWR Membership**  **(if applicable)** |  | | | | |
| **First Name** |  | | **Surname** |  | |
| **Date of birth** |  | | | | | |
| **Address** |  | | | | | |
| **Post code** |  | | | | | |
| **Contact Number** |  | | | | | |
| **Email** |  | | | | | |
| **Details of disability** |  | | | | | |
| **IWRF Classification Score (if applicable) for 4s** |  | **WR5’s Classification** | | |  | |
| **Medical Requirements** |  | | | | | |
| **Emergency Contact Name** |  | | | | | |
| **Emergency Contact Telephone Number** |  | | | | | |
| **Current Wheelchair rugby club** |  | | | | | |

**Membership Category**

|  |  |
| --- | --- |
| ***Player Full year*** (£35 per year – only fully paid-up player members are eligible for selection)  Players aged 18+. | ☐ |
| ***Associate*** (£15 per year)  Officials, Families, Friends, Volunteers aged 18+. | ☐ |
| ***Do you have any relevant qualifications for Wheelchair rugby? (i.e Coaching, first aid etc.)*** |  |

**Player and associate members are entitled to vote at all meetings.**

**Identification will be required for player registration and evidence of eligibility to represent the mighty Wales!**

**Payment Method**

|  |
| --- |
| ***Bank transfer:***  Bank account name: **Wales 5s Wheelchair Rugby Union**  Bank**: TIDE**  Sort Code: 04-06-05  Account Number: 23117855  Reference: **Membership 24/25** |

**Data, Privacy and Consent**

**Wales 5s Wheelchair rugby union** *is committed to responsible* ***Data Control*** *and want our members to be comfortable in the knowledge that their data will be handled appropriately. All personal data collected on this form will be stored and processed exclusively for the purposes of supporting you as a* **Wales 5s Wheelchair rugby union** *member. Your details may be passed on to third parties for the benefit of* **Wales 5s Wheelchair rugby union** *and the sport as a whole – for example, this will primarily consist of individuals within the community such as club representatives and coaches who may need to verify a member’s status for insurance purposes.*

*This is a summary statement of* **Wales 5s Wheelchair rugby union** *Data Protection Policy and Privacy Notice, which are available in full at www.wales5swheelchairrugbyunion.co.uk or by contacting contact@wales5swheelchairrugbyunion*

**I confirm** that I have read the above Data Protection and Privacy Statement and   
**Wales 5s Wheelchair rugby union** Data Protection Policy and Privacy Notice  
and am content for my data to be processed by **Wales 5s Wheelchair rugby union** for the reasons, and in the   
manner, outlined.

Please tick the box if you give **Wales 5s Wheelchair rugby union** consent to use your  
photograph for promotional purposes.

Print Name: Date:

Signature:

Office use:

Membership form complete: yes/no

Membership fee paid: yes/no

Membership authorised: yes/no

Membership number: yes/no

Signed: