

# CLWB RYGBI BANGOR RUGBY CLUB

## Adran Iau/Junior Section



Enw (yn llawn)/Name (in full) \_\_\_\_\_

Cyfeiriad/Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School/Ysgol \_\_\_\_\_

Rhif Ffon Adre/Home Phone No. \_\_\_\_\_

Rhif Ffon Symydol/Mobile Phone No. \_\_\_\_\_

Ebost/Email \_\_\_\_\_

\* Leave Blank

Cymorth gan rieni pan mae ei angen ✓ Os yn posibil  
Parental Help when required please ✓ if possible

Trosglwyddo/Transport	
Cyfarwyddo/Coaching	
Cymorth Cyntaf/First Aid	
Rheolwr/Referee	
Arlwyaeth/Catering	
Helpu Cyffredinol/General Help	

**Fee £15 Paid**  
**Lofnod(Rhiant)**  
**Signature(Parent)** \_\_\_\_\_

Please complete both parts of the Identity Card and provide a small photograph if possible. These will be cut out and laminated and given to the coach.

Welsh Rugby Union District Junior Association  
Cymdeithas Rhanbarthol Iau Undeb Rygbi Cymru

**WZU** **IDENTITY CARD · CERDYN ADNABOD**

Full Name: Enw Llawn:		Player's Photograph — Llin y Chwaraewr:
Date of Birth: Dyddiad Geni:		
Club: Clwb:	<b>BANGOR</b>	
School: Ysgol:		
Signature: Llofnod: *		
Date: Dyddiad: *	No: Rhif: *	

**TO WHOM IT MAY CONCERN · I'R HWN Y MAE'N YMWNEUD A**

I authorise the Team Manager or Club Coach, District, County, WRU Team to act as Guardian in the event of my son / daughter requiring emergency treatment playing rugby:	Rwyf yn awdurdodi rheolwr y tîm neu hyfforddwr y Clwb / Rhanbarth / Sir neu URC i weithredu fel gwarcheidwad os bydd angen triniaeth brys ar fy mab / merch wrth chwarae rygbi:
Parent's Name: Enw'r Rhiant:	
Signature: Llofnod:	Date: Dyddiad:
Allergies: Alergecdd:	