



Parent/Carer Consent to Participate

Name of Young Person:

Date of Birth:

Address:

Post Code:

Home Tel No:

Mobile No:

Session Dates:

Date	Time	Location	Attending

Emergency Contact(s)

	Emergency Contact	Alternative Contact
Name		
Relationship to young person		
Home Address		
Tel: Mobile		
Tel: Home		
Tel: Work		

	YES	NO
Has your child any medical conditions? If so, please advise;		
Does your child take any medication? If so, please list below.		
Does your child have any allergies? If so, please list below		
Do you consent to the administration of paracetamol, if required?		
Do you consent to emergency medical treatment, if required?		

CONSENT: In signing this form, I agree to the following;

- I agree to my young person attending the rugby sessions and to his/her participation in any of the activities.
- I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I agree that during the activities photographs can be taken of which my child may be included and I agree to these photographs to be used by the club.
- I understand that as a developing section of the club, with a mixed age range, the club may have to mix the age groups of its teams meaning that children play with and against other children who are of a different age group. I understand that Sale Rugby Club will nevertheless take every care to ensure that a child is in the right team for his/her stage of development and ability.

Signed by Parent or Guardian

Print Name

Date:



TEAMWORK RESPECT ENJOYMENT DISCIPLINE SPORTSMANSHIP

'England Rugby' and the RFU Rose are trade marks of the Rugby Football Union