

Registration Form



Surname _____

First name _____

Date of birth _____

Address _____

_____ Post code _____

Parent / Guardian's name _____

Telephone: Mobile _____ Home _____

Emergency contact number(s) _____

E-mail address _____ School attending _____

Medical Information

Does the player suffer from asthma, chest complaint, wheezing or breathlessness, first or fainting, diabetes, or any other illness, disability or disorder?

Yes / No If "Yes", please give details

Is the player allergic to anything you know of?

Yes /No If "Yes", please give details

Is the player receiving any form of medical treatment at the moment?

Yes / No If "Yes", please give details

Consent - Parent/Carer

I agree to the child in my care taking part in the activities of White Rose Rugby..

I understand that, in the event of injury or illness, all reasonable steps will be taken to contact me using the contact details provided, and to deal with that injury / illness appropriately.

I hereby authorise any coach / first aider of White Rose Rugby to sign on my behalf any papers required by the medical authorities in case of emergency medical treatments.

I consent / do not consent to the photographing / videoing and publication of images of the child in my care under the RFU's guidelines. I confirm that I am legally entitled to give this consent and that the child is not under a Court Order.

Signature _____ Relationship to player _____

Full name _____ Date _____