

# PENICUIK RUGBY



## YOUTH PERMISSION FORM 2018-2019

### Player Details

Name: ..... D.O.B: .....

School Yr.: ..... Membership No: .....

### Emergency Contact details

#### Parent/Guardian 1

Name: ..... Relationship to player .....

Phone numbers: .....

#### Parent/Guardian 2

Name: ..... Relationship to player .....

Phone numbers: .....

### Medical Conditions/Allergies

*Please list any relevant medical conditions (e.g. asthma, epilepsy, allergy to penicillin etc.)*

### Permissions

*By ticking the appropriate box(es) and signing this form, I hereby confirm that:*

My child may take part in organised rugby activities and/or events with Penicuik Rugby Football Club

My child may be photographed and/or video recorded by authorised individuals during club activities, and those photographs and/or videos may be reproduced or used by Penicuik Rugby Football Club or other authorised persons in an appropriate manner e.g. training purposes, team photos, display purposes on website, noticeboard, open days or fun days

If, during the course of any such rugby activities and/or events, my child – in the opinion of a qualified medical practitioner – requires medical treatment (including inoculations, blood transfusions or surgery) and should no parent or guardian be present to give consent and none be contactable via phone in order to provide consent remotely, then I authorize officials and representatives of Penicuik Rugby Football Club present at the time to consent to such medical treatment to my child as if such consent had been given personally by me

My child's details may be entered into the Scottish Rugby Union's player registration database   
**NOTE: this is an SRU requirement for all players aged 8 and above**

I give my consent for the details I have supplied above to be shared with relevant officials and representatives of Penicuik Rugby Football Club (i.e. coaches and Youth Convenor) in order that they may be available should an emergency arise

### Signature of Parent/Guardian

Name (Block Capitals) .....

Signature: ..... Date: .....