



Penicuik Rugby Football Club

YOUTH PERMISSIONS FORM

Season 2017-2018

(Membership runs from 1st August 2017 to 31st July 2018)

All under 18 players must have a completed permissions form and be a current member of Penicuik Rugby Club - see separate Membership form for membership categories and subscription amounts.

Please return the completed forms (with payment) to the Youth Convenor

Player Details		
Player's Name		
Date of Birth		2017 - 2018 School Year (P3,P4, S2 etc.)

Medical Details	
Please list any relevant medical conditions (e.g. asthma, allergies etc.)	

Player Contact Details	
Address	
Home Telephone number	

Next of Kin	
Parent/Guardian 1	
Name	
Contact Telephone numbers (home, mobile, work etc.)	
Email addresses *	
Parent/Guardian 2	
Name	
Contact Telephone numbers (home, mobile, work etc.)	
Email addresses *	

Please remember to fill in the permissions section on page 2 of this form

* See Permissions Declaration section part 5 for details of what we will use your email address for

Player Details	
Player's Name	

Permissions Declaration to be completed by Parent or Guardian		
1	Do you give your permission for your child to travel with Penicuik RFC and to take part in or play for the club at any authorised activities or games?	YES / NO
2	Do you give your permission for your child to be photographed and/or video recorded during activities, training or games and for these photographs and/or videos to be reproduced or used by Penicuik RFC or other authorised persons in an appropriate manner e.g. training purposes, team photos, display purposes on website, noticeboard, open days or fun days?	YES / NO
3	Do you give your permission for a relevant official from Penicuik RFC to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury sustained in the participation of the above authorised activities or games until such times as you can be contacted?	YES / NO
4	Do you also authorise such an official to sign any relevant medical documents necessary for the emergency medical treatment of your child should the need arise and you are not immediately contactable (anaesthetics etc)?	YES / NO
5	Do you give your permission to Penicuik RFC, its officials and coaches to contact you by email with team news, club news, organisational details and other messages pertaining to the running of the club? NOTE: we will not pass your email contact details on to any third party <i>If NO, then please discuss with the club's Youth convenor as to how you wish to be kept updated</i>	YES / NO
6	Do you give your permission for representatives of Penicuik RFC to enter your child's details into the Scottish Rugby Union's player registration database? NOTE: this is an SRU requirement for all players aged 8 and above	YES / NO
NAME: (Parent or Guardian)		
RELATIONSHIP TO PLAYER		
SIGNED: (Parent or Guardian)		
DATE:		

Membership Details <i>(to be filled in by Club Officials)</i>	
Membership Confirmed	
Membership Number	