

PENICUIK RUGBY



YOUTH PERMISSION FORM 2019-2020

Player Details

Name:

School Yr.: D.O.B:

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 youth players

The details I have supplied above may 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:

#weArePenicuik

August 2019

*This form should be returned to the **Membership Secretary** together with **Membership Form** and **payment**. This form will then be given to Rugby Youth convenor and the information shared with relevant coach if applicable*