

PENICUIK RUGBY - PERMISSIONS



TOUCH RUGBY TOURNAMENT PERMISSIONS FORM 2024

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 The Touch Rugby Tournament (TRT) with Penicuik Rugby Football Club

My child may be photographed and/or video recorded by authorised individuals during The Touch Rugby Tournament, 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, display purposes on website, social media and other advertising or publicity

If, during the course of these rugby activities, 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

Officials from Penicuik Rugby Club may contact me to let me know of other rugby opportunities that my child may wish to take advantage of

Signature of Parent/Guardian

Name (Block Capitals)

Signature: Date:

#weArePenicuik

March 2024

*This form must be returned to the **Tournament Organisers** prior to your child being allowed to take part. This form will be retained by the Tournament Organisers for the duration of the tournament. The information may be shared with other club officials to assist with the safe and effective running of the events*