

Regional Player Information Form



Player/Parent Information

I _____ (parent/guardian name) consent

to _____ (Player's Name) participating in
the 2006/07 RFUW Regional programme.

I have read and agree to the terms of the Parent Code of Conduct (parent please tick)

Region _____ Age Group _____

Address _____

DOB _____ Contact Email: _____

Telephone (Daytime) _____ (Evening) _____

Club/School _____

Medical Information & Emergency Contact Details

Current Medication

Allergies

Recent Injuries (within the last 3 months)

Name & Address of GP _____

Please provide us with details of someone to contact in an emergency:

Name _____ Number: _____

Photo Consent Information

I _____ (insert parent/carer full name) consent/do not consent
to the photography/videoing and publication of images of _____
(name of young person) under the RFU's child protection and Best Practice guidelines
and I confirm that I am legally entitled to give this consent.

I also confirm that _____ (name of young person) is not under a
court order.

Signature: _____ Date: _____

I _____ (name of young person) consent to the
photographing/ videoing and publication of images of my involvement in rugby union
under the RFU's Child Protection and Best Practice guidelines

Signature: _____ Date: _____

I have read and agree to the terms of the players code of conduct (player please tick)

Signed (Parent/Guardian) _____