



# Worthing RFC Youth Consent Form

## Player Details

<b>Surname</b>	
<b>First Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Medical Conditions</b> (Allergies, Medication etc)	
<b>Date of last Tetanus</b>	
<b>GP Name &amp; Address</b>	

## Emergency Contact Details

<b>Name of contact</b>	
<b>Relationship</b>	
<b>Phone number</b> (mobile preferable)	
<b>Email</b>	

### Medical Conditions

Medication that would be pertinent for the coaches/managers to be aware of, any triggers the player may have, how to quickly identify a problem before it escalates and de-escalation techniques that the player may respond to.

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I will notify the Age Group Manager should any of the above details change.

### Emergency Medical Treatment

In the event of the above named player requiring emergency medical treatment, I DO / DO NOT (\*) give my consent for an accredited representative of Worthing RFC to act in my absence.

### Travel

I DO / DO NOT (\*) give my consent for accredited representative of Worthing RFC to arrange appropriate travel arrangements of my child to / from rugby events. Worthing RFC will endeavour to ensure that all such adults have Fully Comprehensive Car Insurance and have completed the DBS Self-Certification process.

### Photography

I DO / DO NOT (\*) give my consent for photographs of my child to be used on the club website/social media (this includes section specific sites/pages) or supplied to the press. Club policy is not to name individual players.

Signed..... **Parent / Guardian (\*)**

<b>Name (Print)</b>		<b>Date</b>	
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(\*) Delete as appropriate

Please note that neither the club or its' representatives can be held responsible for personal injury or loss of possessions.