



YOUTH SECTION

Player Details & Consent Form 2008 / 09

This form **MUST** be completed and returned to the player's age group **AS SOON AS** they begin training – even if membership payments are delayed

PLAYER

SURNAME	
FIRST NAME	
DATE OF BIRTH	
MEDICAL DETAILS Please note that we cannot administer medication	(Allergies, medication taken etc)

CONTACTS

	YOU	PARTNER
SURNAME		
FIRST NAME		
ADDRESS		
TELEPHONE No.		
MOBILE No.		
EMAIL		

EMERGENCIES

NAME OF ALTERNATIVE CONTACT	
RELATIONSHIP TO CHILD	
TEL NUMBER	

EMERGENCY MEDICAL TREATMENT

In the event of the above named player requiring emergency medical treatment, I GIVE / I DO NOT GIVE * my consent for an accredited representative of Haywards Heath RFC's Youth Section to act in my absence.

PUBLICATION OF PHOTOGRAPHS

I GIVE / I DO NOT GIVE * my consent for photographs to be used in the press or on the club's website. I understand that it is the club's policy not to individually identify players.

*Delete as appropriate

Signed: _____ Dated: _____

Please note that neither the club nor its servants can be held responsible for losses or injuries.