



**RFUW 2009/10 Regional Programme
Parent/ Guardian Consent Form**

Attach
Passport
Photo
Here

Part 1: Player/ Parent Information

Player Name:	
Region:	
Club/ School:	
Date of Birth:	
Home Address:	
Telephone (Day):	
Telephone (Eve):	
Contact Email:	

Part 2: Photo Consent Information

I _____ (*insert parent/ guardian 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 any court order.

Signature:		Date:	
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Please Turn Over →

Part 3: Medical Conditions

Allergies:	
Medical Conditions:	
Current Medication:	
Recent Injuries:	
Dietary Requirements:	

- I confirm to the best of my knowledge that my daughter does not suffer from any medical conditions other than those detailed.
- I confirm that I will inform the RFUW of any changes to my daughter's medical details.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Signature:		Date:	
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Part 4: Emergency Contact Details

Emergency Contact:	
Relationship to Player:	
Home Address:	
Contact Number:	

Part 5: Consent Information

- I consent to my child participating in the 2009/10 Regional Programme including the Regional Youth Festival
- I consent to my child travelling on supervised transport provided throughout the programme
- I consent to my child staying in supervised accommodation booked by the RFUW throughout the programme

I have read and agree to the terms of the **parent** code of conduct (parent please tick)

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

Signature:		Date:	
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