

This form will be kept with the Coach of the respective age group, and updated at the beginning of the season

NORTH DORSET RUGBY FOOTBALL CLUB LIMITED

September 2010 - May 2011

Mini/Youth/Under 18's Colts/Girls Emergency Contact Form

Surname: _____ Full Name: _____

Address: _____

Postcode: _____ D.O.B _____

Name of Parent or Guardian: _____

Address of Parent or Guardian (if different from above): _____

Postcode: _____

Landline number: _____ Mobile number: _____

E-mail Address: _____

I give permission for photos of the above named child to be used for team photographs - club promotions

YES

NO

Additional Emergency Contact Detail

(This section to include another Emergency Contact Number. E.g. Grandparent - Friend)

Contact name: _____

Landline: _____ Mobile: _____

School - Education Establishment Name & Address: _____

Any Medical Condition - Allergy (Asthma - Epilepsy - Allergies to Penicillin) your Rugby Coach should be aware of:

(please note all medical information will be kept confidentially and only seen by your coach and admin officer)

Parent Volunteer Yes - No

Duties _____

RFU
Registration
Number

To be completed by the Admin Officer

Signed: _____ (Parent or Guardian)

Name: _____ Date: _____

Relationship to child: _____