



Plymouth Argum Tigers

Junior Rugby Football Club

Bickleigh Down Road, Roborough, Plymouth. PL6 7AD

Clubhouse Tel No: (01752) 772156

www.argaum.org.uk

PARENT/GUARDIAN CONSENT FORM 2014/15

Personal Details:

Full Name:

Date Of Birth: Age on 1st September 2014:.....

Home Address:

..... Postcode:

Home Tel No: Emergency Tel No:

Email Address: Current School:

Medical Details: *Please give details of any condition of which you feel we should be aware (including mild asthma)*

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Consent: I consent to my child training with and playing for Plymouth Argum RFC.

I understand that team, training or match photographs may be taken by appointed persons for publicity purposes (including publication on the club's web site or local press). I have read and agree to comply with the Club's Code Of Conduct.

Medical Consent: I hereby give permission for the person in charge to seek medical treatment for my child

..... should such treatment be required in my absence.

Data Protection: I understand that the information contained on this form is required by the club and will be held in the strictest confidence. I **do / do not** (*delete as appropriate*) consent to this data being held on a database for exclusive use of the club.

Parent/Guardians Name (Print) :

Parent/Guardians Signature : **Date:**