



Kendal

RUGBY UNION FOOTBALL CLUB



Player Registration Information: Ages U6-U16

Emergency Contact Details

Players Name: _____ Date of Birth: _____

Address: _____

Parent /Carer _____ Contact Number: _____

Parent /Carer _____ Contact Number: _____

Declared Medical Information

If you answer 'Yes' to any of these questions, please give full details of all medication used. ALWAYS inform your team manager and coaches of any medical changes so that records can be updated.

Will any Medication for treatment be brought and used during training and/or fixtures at Kendal RUFC (and its associated away fixtures)?

Does your child suffer from **Asthma**?

Does your child suffer from **Diabetes**?

Does your child suffer from **Epilepsy**?

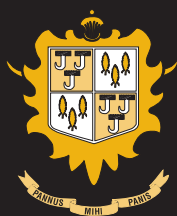
Does your child suffer from any **Allergies**?

Is there any condition that may restrict, or be aggravated by taking part in **Rugby Activities**?

Is there any other information you would like Kendal Rugby Club to know?

If you have concerns or queries please contact the Club Safeguarding Officer (CSO) Nick Milner, the Deputy Safeguarding Officer Kerry Nelson, or the Club Doctor, Dr Stephen Green (practicing-retired).

- I have declared any health issues that might need to be shared with Kendal RUFC. I confirm that my child is medically fit to take part in all rugby activities. They are not affected by any illness or disability to an extent that would result in an unnecessary risk to his/her health, or to the safety and health of others during rugby activities.
- I understand that any relevant medical information that is disclosed may be passed, in confidence, to the appropriate team manager or coach so that they can ensure their safety.
- I confirm that this is an accurate record of my child's medical condition and I will notify Kendal RUFC of any changes.
- I authorise members of Kendal RUFC to approve emergency medical treatment for my child should the need arise in my absence.



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PARENT/CARER DECLARATION

I (print name) _____ Parent/Carer of the above named player declare that the information I have given is correct. In signing this form I indemnify Kendal RUFC, its Officials and Servants from any liability for the loss or damage to personal property, accidents or injuries during the course of training, playing rugby or in association with such activities. I agree that the above named player be bound by the Laws and Resolutions of the Rugby Football Union, its Constituent Bodies and the Rules of Kendal RUFC.

I am aware of the clubs Safeguarding Policy, which reinforces the Rugby Football Union Safeguarding Policy and procedures that reflects the unique local circumstances for Kendal RUFC and understand where I can access this policy.

Within this policy I am aware there is a section regarding the use of photographic images and that I consent to the taking and publication of photographic images for coaching and/or publicity purposes including the club website, local press etc.). Furthermore, I am aware that the social media policy runs alongside the safeguarding policy and falls under the same guidelines. If I do not consent I will provide a separate letter of objection to the Club Safeguarding Officer, Nick Milner.

SIGNATURE: _____ **DATE:** _____

Sometimes it may be necessary to merge two age groups in order to fulfil a training session or fixture. This would always be done according to the RFU continuum and only if the team coaches believe that the players concerned were capable of playing at that level. I consent to the above named player playing for the age group immediately above their own where necessary and appropriate. I understand that I may withdraw my consent at any time by informing the players' Coach/Team Manager in writing.

SIGNATURE: _____ **DATE:** _____

Players returning to Kendal Hornets will be unable to train or play after September unless membership subscriptions are paid by September 28th 2016. Players must wear proper mouth guards at age groups U9 and above.