

Parental Consent form for Rugby League Activities

Rugby League Club:

Name of Child:

D.O.B:

Address (inc Postcode):.....

.....

.....

Details of Rugby League Activity:

.....

Season:

I agree to the child's participation in the activity described above and I acknowledge the need for the above named child to behave responsibly.

Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES / NO

If YES, please give brief details:

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b. Please outline any special dietary requirements of you child.

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c. Does the above child have any allergies? YES / NO

If YES please give details:

.....

.....

Emergency contact:

Relationship:

Contact telephone number (inc. national codes):

Work:

Home:

Home Mobile:

Home Address:.....

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Alternative emergency contact:

Relationship:

Contact telephone number (inc. national codes):

Work:



Home:

Home mobile:

Address:

.....

.....

Name of family doctor:.....

Telephone No:.....

Address:

.....

.....

Signed _____ (Player) Date _____

I confirm that I have received the details of the above activity and consent to my child taking part in the activities indicated. I acknowledge that the club will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during the trip.* I understand that the club personnel have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being asked to leave the training session or match.

I, (insert name of parent/guardian) being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature:
.....
(consent by parent/guardian)

Date:.....

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE OF THE ACTIVITY.

A COPY SHOULD BE RETAINED BY THE SECRETARY OF THE CLUB

