

PLAYER PROFILE & PARENTAL CONSENT

PLAYER PROFILE & PARENTAL CONSENT FORM FOR RUGBY LEAGUE ACTIVITIES

Section 1	Personal details – Player and Parent/Guardian		
Name of Child		Name of Parent/Guardian	Child's Date of Birth
Address		Postcode	
Day Time Tel No Parent/Guardian		Mobile Tel No Parent/Guardian	Home Tel No
Section 2	Emergency Contact Details		
Name of alternative adult who can be contacted in an emergency		Phone number(s) for alternative named adult	Relationship of this adult to child ie Aunt
Consent Statement from Parent/Legal Guardian - Please tick each box where you agree			
Legal Authority to provide consent			
<input type="checkbox"/>	I confirm that I have legal responsibility for the child named above and that I am entitled to give this consent		
<input type="checkbox"/>	I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the Club of any changes to this information		
Consent to participate			
<input type="checkbox"/>	I agree to the child named above taking part in the activities of the Club.		
Medical Consent			
<input type="checkbox"/>	I give my consent that in an emergency situation, the Club may act in <i>loco parentis</i> , if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult which I have named in Section 2 of this form.		
<input type="checkbox"/>	I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in the section below		
Medical Information – Please detail below any important medical information that the Club needs to know (eg allergies, medical conditions, current medication, special dietary needs, injuries etc.			
I confirm that I have read, or been made aware of, the club's policies concerning			
<input type="checkbox"/>	Changing/showering	<input type="checkbox"/>	Transport
<input type="checkbox"/>	Photography/videoing	<input type="checkbox"/>	Anti Bullying & RESPECT
<input type="checkbox"/>	I understand and agree to the responsibilities which I and my child have in connection with these policies		
<input type="checkbox"/>	I consent to the Club photographing or videoing my child's involvement in rugby league under the terms and conditions in the Photography & Videoing Policy.		
Signed (Parent/Legal Guardian)		Printed Name of Parent/Legal Guardian	Date of signature
DATA PROTECTION – The Club will use the Information provided on this form to administer his/her rugby league activity at the Club and any activities in which he participates through the Club. In some cases this may require the Club to disclose Information to the Playing League, Service Area or RFL. In the event of a medical issue or a safeguarding concern arising, the Club may disclose certain Information to doctors and/or police, children's social care, the Courts and/or probation officers and potentially to the RFL or the RFL investigators.			