

RFU Number: to be filled in by Manager:

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| School and School Year: |  2/3/4/5/6/7/8/9/10/11 |
| Home Address: (to include postcode) |  Postcode: |
| Home telephone number: |  |
| 1st Parents Name | Occupation | Contact Telephone Number: | Email Address: |
| 2nd Parent Name | Occupation | Contact Telephone Number: | Email Address: |
| Doctors information, to include Name, address and telephone number: |   |
| Manager receiving subs/date/signed | Date: Amount: cash/chq/online school year |

**Parent(s)/guardian(s) declaration \*** delete as necessary

1. I/We consent to HRFC holding information relevant to myself and my child and

understand HRFC will adhere to the latest GDPR protocols to protect this information.**YES/NO**

2. I/We Consent to the photographing/videoing/publications of images of the

child named above (under the RFU`s Child protection and Best Practice guidelines) **YES/NO**

3. Has he/she any known illnesses, allergies or disabilities

 please state…. **YES/NO**

4. I/we authorize in the case of an emergency for a club official to sign papers

 needed by any Medical Authority or take any action on my/our behalf **YES/NO**

5. I/We authorize the transportation of our child named above to and from

Matches or training if the need arises by the coach or other team representative **YES/NO**

6. We agree to being contacted of any events occurring at HRFC via the above given

email address.This email will not be given out to any other business

or organisation.. **YES/NO**