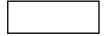
Office use only – Tour Num







PARENTAL/CARER CONSENT FORM FOR YOUTH RUGBY TOUR #6

Copy to be taken by Tour/Team Manager and copy to be retained by Home Contact, who has a valid RFU DBS. (All NLD Clubs should have their own privacy notice)

Name of Player/Young Person: Date of birth: Tour dates: Emergency Contact name: Relationship to young person: Address: Telephone number - home: Telephone number - work: Telephone number - mobile: Name of person (s) taking responsibility for the young person whilst on tour (All persons below have undergone a DBS check) Name (s): • I have received comprehensive details of the above tour and am aware of the RFU policies and guidelines related to tours, including TRIPS TOURS AND OVERNIGHT STAYS document. • I consent to my child attending the proposed rugby tour and his/her participation in any of the activities. • I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge. • I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by insurance. • I can confirm that my child is able to swim and participate in water-based activities. My child can swim metres • I consent / do not consent (delete as appropriate) to photos and/or videos that may include my child being taken during the tour, in line with the club's photographic policy. • I agree to be at the designated pick-up/drop-off point at the agreed time. Signed - Parent/Carer: Print Name: Date: For Young Person: • I have read and accept the YOUNG PERSON CODE OF CONDUCT and agree to abide by it at all times whilst on tour. Signed - Player: Print Name:	For Parent/Carer:	
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Print Name:	Signed – Player:	
	Print Name:	

Date:

by insurance

Signed – Parent/Carer:







MEDICAL FORM FOR RUGBY TOUR

edica	al Information	Yes / No	Details	
1.	Does your child experience any conditions requiring medical treatment and/or medication? If yes, please give details:	□ Yes / □ No		
2.	Does your child have any allergies?	□ Yes / □ No		
	If yes, please give details:			
3.	Does your child have any specific dietary requirements?	☐ Yes / ☐ No		
	If yes, please give details:			
4.	Please provide any further information you feel is necessary:			
•	I authorise a member of the Tour Manage memergency first aid treatment where this is abif it would not be possible for such treatment. In the event of illness or an accident require receiving treatment including anaesthetic as a lagree to this treatment being authorised by a written form of consent required by hospit injection be deemed necessary and providing be considered by a doctor likely to endanger. I do not agree to my son/daughter receiving to	osolutely necessary in to be administered be ring medical treatm considered necessar a member of the Tou tal authorities shou g that the delay requency son/daughter's h	n the event of a serious emergency by a qualified medical practitioner, lent, I agree to my son/daughter by by the medical authorities. If Management, who may sign any lid a surgical operation or serum lired to obtain my signature might nealth or safety.	
•	I understand that the Tour Management and son/daughter but cannot necessarily be held suffered by him/her		•	
	I also agree to bear the cost of any loss or dan			

Print Name: _______
Date: