

Players consent form



HHRFC Youth Section

Players details and consent form

Season 2010 - 2011

Player details

Surname	<input type="text"/>
First Name	<input type="text"/>
Date of birth	<input type="text"/>
Medical details	<input type="text"/>

Parent/Guardian details

	YOU	PARTNER
Surname	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Secondary contact in case of emergency

Full Name of alternative contact	<input type="text"/>
Relationship to child	<input type="text"/>
Contact numbers	<input type="text"/>

In the event of the above named PLAYER requiring emergency medical treatment

[Click here to choose](#) my consent for an accredited representative of Haywards Heath RFC youth section to act in my absence.

[Click here to choose](#) my consent for photographs or video to be published by local and national media, or published on the club website. I understand that it is the club's policy not to individually identify players without my consent.

Signed: _____ Dated: _____

Please note that neither Haywards Heath RFC nor its servants can be held responsible for any losses or injuries.

Please complete this form electronically and email to your team manager before printing and signing.