

**BLANDFORD RFC MINI AND YOUTH
MEDICAL INFORMATION/CONTACT DETAILS PROFORMA**

Player Details:

Name:	Date of Birth:
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Parent/Guardian Contact Details:

Surname		First Name	
Home Phone No:	Mobile No:	E-Mail:	
Date of Birth:		This allows the GMS to identify duplicate entries and merge automatically.	

Alternative (emergency) Contact Details

Surname		First Name	
Home Phone No:	Work Phone No:	Mobile No:	

Players Medical Details

Information:	Notes/Comments:
Allergies:	
Conditions & Medication required:	

I do/do not give permission for tape/sticky plaster to be applied to the player's skin if deemed necessary.

I certify that the information that I have given is accurate and complete and that I will inform Blandford RFC Safeguarding Officer of any changes.

Name (in capitals)..... Signed:

Note: 2 copies of this form will be held by officials of Blandford RFC. Details of the distribution are set out in the Club Policies.

**PARENT/GUARDIAN AND YOUNG PERSONS PERMISSION FORM
FOR THE TAKING AND USE OF PHOTOGRAPHS AND RECORDED
IMAGES**

I _____(insert parent/guardian full name) consent / do not consent to the photographing/videoing and publication of images of _____(insert name of young person) under the Blandford RFC Photographic Images Guidelines and I confirm that I am legally entitled to give this consent.

Signature: _____ Date: _____

I _____(insert name of young person) consent / do not consent to the photographing/videoing and publication of images of myself under the Blandford RFC Photographic Images Guidelines.

Signature: _____ Date: _____

Note: Parents of very young children may sign on behalf of their child after explaining the Photographic Codes to them.

TRAVEL TO AND FROM TRAINING

My child will:

- * Be brought and collected from training by myself
- * Walk to and home from training on their own
- * On occasions when I am unable to bring and/or collect my child I will notify coaches how is appointed to act as guardian on my behalf

* Delete as applicable