



# Yorkshire R.F.U.

## Player Registration and Information sheet

(Please Print in **BLOCK CAPITALS**)

Surname:	Address:
Forename:	
Home Tel No:	
Mobile No:	Post Code:
E-mail:	D.O.B:
Preferred playing position:	Alternative playing position:
Club:	School:
Club coach name:	School coach name:

Polo & Tee	Small	Medium	Large	XL	2XL
Chest	36-38	38-40	40-42	42-44	44-46
Short size					
Waist	32"	34"	36"	38"	40"
Shirt size					
Collar	14, 14.5, 15, 15.5, 16, 16.5, 17, 17.5, 18, 18.5, 19, 20				

In case of emergency and as part of the county's responsibility, ALL attendees are required to complete this medical information section as accurately as possible. Details will be held securely with access restricted to authorised county officers only.

Next of kin:	Relationship:	Mobile phone number:
Doctor's Name:	Surgery:	Phone number:
As far as you are aware, does your son have any allergies / sensitivities? (Please state)		
Is your son taking any regular medication? If so, for what reason?		
Does your son have any long term illnesses or injuries? (Please state)		
Has your son been immunised against Tetanus in the last 3 years? YES / NO		

I will advise the County U18 Team Manager of any changes to the above details.



*Yorkshire R.F.U.*

**Use of Photographs, Recorded Images and Transportation**

(\*Please delete as appropriate)

I Consent / Do Not Consent \* to the photographing/Videoing images of my son's involvement in Rugby Union under the R.F.U.'s Best Practice guide lines.

I Consent / Do Not Consent \* to my son travelling to venues for matches by transport provided by the County.

The above information is correct. Should the necessity arise I agree to the above player receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. In the event of the player requiring emergency treatment I authorise the Team Manager or his appointee to sign on my behalf any written consent form required by the hospital/medical authorities if the delay required to obtain my own signature is considered inadvisable by the Doctor concerned.

I am aware that the County do not have in place any cover for loss or expenses arising from injuries sustained whilst playing for representative teams, other than the cover given by the RFU scheme. This only gives cover in the event of serious injuries. I am also aware that after an injury, players must receive treatment from their club physiotherapist, their own doctor, or under any personal cover they have. Recourse to private service is not an option the County can sanction.

Parent/Guardian signature: \_\_\_\_\_

Please print Parent/Guardian's name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and hand into the Team Manager.**



*Yorkshire R.F.U.*