

**PERMISSION TO ATTEND RUGBY TRAINING SESSIONS / MATCHES AT
NORTH HYKEHAM RUGBY UNION FOOTBALL CLUB YOUTH TEAMS
GIRLS AND BOYS**

PARENTAL / GUARDIANS CONSENT

Please complete the parental consent and medical history form as fully as possible.

I (Parent's name) give my permission for (child's name, age and date of birth)

.....
to attend Rugby Training sessions at and participate in matches for North Hykeham Rugby Club.

I also give my permission for the coaching staff of North Hykeham Rugby Club to administer First Aid on my son / daughter and should it be required make arrangements for and authorise any medical treatment to be given on my behalf.

We have received and read copies of the club 'Codes of Conduct for Parents and Guardians' and the Youth Team's 'Player Protocols'. We agree to abide by all of the codes of conduct both in the letter of the guidance in the codes as well as in the spirit of the game of Rugby Union Football.

Signed (Parent / Guardian)

Date

Address and Telephone Number(s)

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.....
.....

Email Address

Child's Signature