



Old Coventrians RFC

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YOUTH PLAYER CONSENT – 2011/12 SEASON

Full Name of Player _____ Male/Female _____ Date of Birth _____

School Attended _____ School Year _____ Playing Age Group - Under _____

RFU Registration Number _____ (ALL Youth Players must be RFU registered and have an RFU Photo Card)

FOR NEW REGISTRATIONS, IF YOUR REGISTRATION DETAILS HAVE CHANGED OR YOU HAVE MOVED FROM ANOTHER CLUB THEN PLEASE ENSURE YOU COMPLETE AND SIGN THE RFU FORM OVERLEAF. IF YOU ARE ALREADY REGISTERED AND THERE ARE NO CHANGES IN DETAILS THEN YOU DO NOT NEED TO DO THIS. IF YOU CANNOT PROVIDE A PHOTO IMMEDIATELY PLEASE COMPLETE THE REGISTRATION AND PROVIDE A PHOTO WITHIN 2 WEEKS. IF YOU HAVE LOST YOUR RFU REGISTRATION NUMBER. YOUR TEAM ADMINISTRATOR WILL BE ABLE TO PROVIDE IT.

Parent/Carer Name	
Address	
Post Code	
Telephone – Home	
Telephone – Mobile	
Email (for club communications)	
Alternative Emergency Contact Name and Telephone Number in case of an emergency	
Doctor’s name, address and telephone number	
Medical Conditions/allergies - such as Asthma, Epilepsy, Allergic to penicillin. Please give full details using separate sheet if necessary. Completing this section is not obligatory but in the interests of child safety the RFU strongly recommend that you do so.	

Please read carefully: I being the parent/carer of the above young player consent to emergency treatment to be given when deemed necessary. I acknowledge the RFU’s Code of Rugby and will uphold the Core Values of our sport “teamwork, respect, enjoyment, discipline and sportsmanship”. Appropriate action will be taken if necessary. I agree that the personal information contained above should be held for medical, emergency, registration and communication purposes only and will not normally be made available to any persons outside the Old Coventrians RFC and then only for normal RFU registration and administrative purposes and where needed in case of emergency. I recognise that Club policy provides for all club officials, coaches and other volunteers who have regular and direct supervisory responsibility over young players to have an Enhanced Criminal Records Bureau Disclosure as required under the RFU’s Policy and Guidance for Safeguarding Children and Vulnerable Adults in Rugby Union. I consent to the photographing/videoing and publication of images of this player under the RFU’s best practice guidelines and I confirm that I am legally entitled to give these consent. I confirm that I will work with Old Coventrians RFC to ensure that the player as above is not subjected to being overplayed and will ensure that the coaching team are informed of any other rugby played outside of Old Coventrians RFC.

Signed Parent/Carer _____ Date _____

RUGBY FOOTBALL UNION

YOUNG PLAYER REGISTRATION FORM

RFU Registration Number (if known)

This form should be completed for all players within the club who have NOT previously registered with the RFU, are re-registering or have data amendments.

Please complete each section in **BLOCK CAPITALS** and return to your Club Registration Officer along with TWO passport size photographs.

Please tick where appropriate New Registration Re-registration Data Amendment Club Transfer

First Names:	Surname:	D.O.B.:
Home Address:		
Postcode:		
Male/Female	Home Tel:	Mobile Tel:
Email address:		
Ethnic Origin (Please tick (✓) where appropriate):- <input type="checkbox"/> White: British <input type="checkbox"/> Mixed: White & Black Caribbean <input type="checkbox"/> Asian and Asian British: Indian <input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> White: Irish <input type="checkbox"/> Mixed: White & Black African <input type="checkbox"/> Asian and Asian British: Pakistan <input type="checkbox"/> Black or Black British: Africa <input type="checkbox"/> White: Other <input type="checkbox"/> Mixed: White & Asian <input type="checkbox"/> Asian and Asian British: Bangladesh <input type="checkbox"/> Black or Black British: Other <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed: Other <input type="checkbox"/> Asian and Asian British: Other <input type="checkbox"/> Other Ethnic Group		
Previous Rugby Club (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Representative Playing History (please give dates etc., using a separate sheet if necessary)	
Playing Position: <input type="checkbox"/> Unspecified <input type="checkbox"/> Front Row <input type="checkbox"/> Forward <input type="checkbox"/> Back Plays at school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Conditions/allergies (Asthma, Epilepsy, Allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).		
Name of Parent/Guardian:-	D.O.B.:	
Address of Parent/Guardian (if different from above):		
Postcode:		
Contact Telephone Number:	Email address:	
School/Education Establishment Name and Address:		
Contact Number:	Postcode:	
DATA PROTECTION		
<p>The RFU is fully aware that some people will only want to receive information from the RFU on rugby issues and, therefore, you can ensure that you only receive this type of information by ticking the appropriate boxes below. However, some people will want to receive other information and, therefore, there are three options set out below.</p> <p>If you do or do not wish to receive certain types of data, you should tick the appropriate box below; the RFU may also use such personal data for the following purposes:</p> <ul style="list-style-type: none"> • to send you by electronic mail (including email, SMS or image messages, etc) information about our official sponsors, their associated companies and their products and services which may be of interest to you. Tick here if you do wish to receive such information <input type="checkbox"/> • to send you by electronic mail (including email, SMS or image messages, etc) other information about RFU tickets, products, special offers, opportunities and related service which may be of interest to you e.g. TEL, RFU Travel, The Rugby Store etc. Tick here if you do not want to receive such information <input type="checkbox"/> • to pass your details to our official sponsors, who may use them now or in the future and to keep you informed by post of their products and services and to compile market research information and statistics, e.g. Nike, O2, Ford, etc. Tick here if you do not wish to receive such information <input type="checkbox"/> 		
I declare that the above is correct. In signing this form I agree that the above named player can be bound by the laws and resolutions of the Rugby Football Union and its constituent body and the rules of:		
..... PLEASE STATE CURRENT CLUB		Rugby Football Club
Signed (player):	Date:	
Signed (parent / guardian):	Date:	
Countersigned (Club Official):	Date:	

Distribution: Please retain a copy of this document, send a copy to your CB Youth Registrar

July 2007