

DOVER RFC - 2007 / 08 YOUTH PLAYER REGISTRATION FORM

Child's surname & forename(s) :	
Child's date of birth :	Child's age on 1/9/2007
Address :	
Home phone number :	
Emergency contact / mobile phone numbers :	
E-mail (BLOCK CAPITALS PLEASE) :	
Does your child have any allergies or ailments or need to take prescribed medication ? YES / NO	
If YES, please give full details, including name(s) of medications	
I / We, (parent / guardian's FULL name) : being the parent / guardian of (child's FULL name) hereby consent to emergency medical treatment including the administration of anaesthetics, being carried out on my child in consequence of an injury caused by playing rugby for Dover Rugby Football Club. I / We also agree that any team, playing, training or rugby related photographs of my / our child may be used in media reports, club notice boards or on the official club website if required.	
Signature of parent / guardian	
Date	
Enclosed enrolment fee £35 .	
Cash	
Cheque number _____ in the name of _____	

It is **essential**, for your child's safety and for insurance reasons, that this form is completed and returned, along with the enrolment fee, as quickly as possible to the squad coach.

Dover RFC