



Tarleton Rugby Union Football Club

Consent Form

I _____ the Parent / Guardian of

_____ Date of Birth _____

Consent to:

A) Any impression of the above named player, whether generated photographically or electronically, being used in any published media to further the profile of Tarleton Rugby Union Football Club.
(N.B. the player will not be identified by name unless your permission is sought and granted)

B) Approved first aid personnel of Tarleton Rugby Union Football Club attending to the above named player in the event of injury whilst representing the club. I further agree to the administration of necessary dressings if appropriate.

Signed _____ Date _____

Please assist the club by listing the following:

Relevant medical history, allergies and medications:

Contact details with any alternatives, e.g. Grandparents etc.

NAME	RELATIONSHIP	TELEPHONE
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