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**Cornwall County Girls Rugby Programme 2021/22**

**Consent to Participate Form**

Player Name



Date Of Birth



Name of Parent/Guardian



Address



Home Number



Parent/Guardian Mobile



Does the player have a registered disability? If Yes, please list

Concussion History: list the last 3 seasons’ dates. If more than 4 you need clearance from your GP to undertake physical activity.



Medical History (asthma, epilepsy, diabetes, allergies or other relevant conditions)



Medication required? Please list



Cardiac History

Do you have any cardiac conditions? 

Does your family have a history of cardiac issues? 

If Yes to either, you need clearance from your GP to undertake physical activity.

Relevant medical history for past 3 years (broken bones, ligament damage, operations)



**Please put down all details.**

If unsure, contact Cozy at cozetteshros@live.co.uk

Do you give permission for First Aid to be given in your absence? 

In the event of you not being available, do you give permission for hospital treatment? 

Do you consent for photography, video and images of your daughter? 

This will be in line with RFU Safeguarding procedures and best practices.

Is the player under a Court Order? 

Parent/Guardian: I have read and agreed to the player participating in the 2021/22 County Representative Rugby programme.

I hereby declare that the information I have given within this application form is true and correct. I undertake to inform the Team Manager or Safeguarding Officer of any changes to my daughter’s medical details occurring after the date below.

Parent/Guardian Name/Signature



Date



Return this form to [rugby@tucknott.net](mailto:rugby@tucknott.net)