

# PAPHOS TIGERS RUGBY FOOTBALL CLUB

## UNDER 18'S PARENTAL CONSENT FORM



**CONFIDENTIALITY:** Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

### PERSONAL INFORMATION – UNDER 18 PLAYER

|                       |             |               |  |
|-----------------------|-------------|---------------|--|
| <b>Full Name</b>      |             |               |  |
| <b>Preferred Name</b> |             |               |  |
| <b>Full Address</b>   |             |               |  |
| <b>Date of Birth</b>  |             |               |  |
| <b>Gender</b>         | <i>Male</i> | <i>Female</i> |  |

### PERSONAL INFORMATION – PARENT / CARER

|               |  |              |  |
|---------------|--|--------------|--|
| <b>Name</b>   |  |              |  |
| <b>Number</b> |  | <b>Email</b> |  |

### EMERGENCY CONTACT 1

|                              |  |               |  |
|------------------------------|--|---------------|--|
| <b>Name</b>                  |  | <b>Number</b> |  |
| <b>Relationship to Child</b> |  | <b>Email</b>  |  |

### EMERGENCY CONTACT 2

|                              |  |               |  |
|------------------------------|--|---------------|--|
| <b>Name</b>                  |  | <b>Number</b> |  |
| <b>Relationship to Child</b> |  | <b>Email</b>  |  |

### MEDICAL HISTORY

|   |    |                        |
|---|----|------------------------|
| <b>Specific medical conditions requiring medication:</b>                                      | No | Yes ( <i>Details</i> ) |
| <b>Details of medication required:</b><br><i>(e.g. tablets, creams, inhaler, etc)</i>         |    |                        |
| <b>Dosage &amp; frequency of medication required:</b>   |    |                        |
| <b>Other disabilities or allergies:</b>   | No | Yes ( <i>Details</i> ) |
| <b>Are there any dietary requirements:</b> <i>(vegan, vegetarian, gluten-intolerant, etc)</i> | No | Yes ( <i>Details</i> ) |

### I hereby give consent for my child to train and play with the Paphos Tigers Rugby Football Club:

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Name</b> |  |
| <b>Date</b>      |  |             |  |

This

form is for the use of PTRFC only. Your email will be added to our mailing list for up to date information about fixtures and news. Your information is subject to the Cyprus Data Protection Act. We will not share your information with any 3rd party without your permission.