

Team: \_\_\_\_\_

**MEDWAY RUGBY FOOTBALL CLUB**

Insurance/ medical Form: Managed by Age group manager and taken to all games in case of injury OR emergency.

These forms must be checked and amended where necessary, by the parent / guardian in all cases where the applicant is under the age of 18.

Surname : ..... Forename .....

Address : .....

.....

.....

Home Tel : .....

Parents Mobile Tel : .....

**ALTERNATE EMERGENCY CONTACT DETAILS**

Name and OR Phone Number of emergency contact other than parent/guardian)

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Medical Conditions (i.e. asthma diabetes, travel sickness, etc, etc)

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.....

GP name and telephone No .....

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School Details: .....

Medway Rugby Football Club has an insurance policy which covers your child in case of permanent injury or death only. Additional insurance cover can be arranged through your own insurance agent.

We strongly recommend the wearing of a gum shield for playing rugby. Professionally made mouth guards can be obtained from your dentist.

We recommend that all players are up to date with tetanus vaccinations

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To Medway RFC

I give my permission for ..... (full name of applicant) to receive emergency medical attention including the administration of anaesthetic, should it be necessary whilst in the charge of Medway RFC.

I understand that, Medway Rugby Football Club , its servants, agents or employees do not accept any liability whatsoever for the loss of property, accident, or injury to the applicant caused during the course of training, coaching, preparations for matches OR matches themselves played at Medway Rugby Football Club OR other grounds.

Signature;..... (Parent /Guardian)

Date : .....