



INSTONIANS SEAHORSES MINI RUGBY TERMS AND CONDITIONS OF REGISTRATION.

Accident / Emergency or Illness

In the event of illness, having parental responsibility for the above named child, I give my permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Use of photography or videography

I permit photographs / images of my child to be used by Instonians RFC in team photographs, promotional material and on the club website. I also accept that photographs / images of rugby activities at Instonians RFC may be taken by parents and / or relations of the participants which may also include images of my child and that Instonians RFC are not responsible or liable for these images.

I give my permission to have the information contained on this form to be held in hard copy and electronic format by Instonians RFC for record, use and distribution purposes.

GDPR Compliance: What else do we do with the information.

We require this information to be able to provide you with a club information, fixture dates and up and coming events as well as managing your child's progress through Seahorses Mini Rugby.

Sharing and Holding Data

Unless required to do so by law, we will not share, sell or distribute any of the information you provide to us. Your data can be viewed by any member of Instonians head office staff or coaches.

We will delete all your data records as soon as you provide confirmation of your wishes to do so and confirm same.

Please sign the attached form if you consent for us to hold your information and contact you about club news, fixtures and information.

Instonians Rugby is committed to ensuring that any information gathered in relation to our youth section meets the specific responsibilities as set out in the Data Protection Act 1998. The Instonians Development Officer will store the above information on the club's mini rugby database for a maximum of 12 months before re-registering the player if still associated with the Club.

I confirm that all the details are correct to the best of my knowledge and I give parental consent for my child to participate in and travel to all activities.

PLEASE RETURN THIS FORM WITH YOUR SUBSCRIPTION TO THE RELEVANT COACH OR
MANAGER NO LATER THAN THE LAST SATURDAY IN SEPTEMBER.



**INSTONIANS SEAHORSES MINI RUGBY
STANDARD PARENTAL / GUARDIAN CONSENT FORM**

Anything written on this form is confidential. Our coaches need to know these details in order to meet the specific needs of your child.
I give my permission for my child to attend for training and playing sessions.

CHILDS FULL NAME: _____

DATE OF BIRTH: ____ / ____ / ____ AGE: _____ YEAR GROUP: _____

HOME ADDRESS: _____

PARENT / GUARDIAN NAME: MUM _____ DAD _____

HOME TELEPHONE NUMBER: _____

MOBILE: MUM _____ DAD _____

EMAIL ADDRESS: MUM _____

EMAIL ADDRESS: DAD _____

SCHOOL ATTENDED: _____

NAME OF G.P: _____ TEL: _____

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION:

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to the addresses or telephone numbers given.

I CONFIRM THAT I HAVE READ AND AGREE TO ALL THE TERMS AND CONDITIONS AND GDPR COMPLIANCE OF INSTONIAN'S SEAHORSES MINI RUGBY.:

SIGNATURE: _____

PARENT / GUARDIAN NAME _____

DATE: _____

FOR ADMINISTRATION PURPOSES ONLY

FEES PAID CASH CARD

PHOTOCOPY OF BIRTH CERTIFICATE INCLUDED.