**Information & Consent Form – Summer 2020**

Children’s Details

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| Child 1: |
| Date of birth: | Age: |
| Rugby Club: | School: |
| Any Special Requirements (medical information etc.): |

Contact Details

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| Parent’s Name: |
| Address: | Mobile No.: |
|  | Email: |
| Post code: | Confirm email: |
| Emergency Contact Name: | Telephone: |

Declaration

I give permission for my son/daughter to participate in the Switch Rugby Limited Summer Camps on the dates indicated above. I acknowledge that participation in this programme is undertaken at our own risk. I understand that whilst attending this programme, Switch Rugby Limited or its coaches accept no liability for personal injury, loss or damage to personal effects. I acknowledge and comply with Switch Rugby rules for the course.

I give permission for my child to receive any medical treatment necessary Yes / No

I give permission for photographs to be taken of my son or daughter as promotional materials Yes / No

I give Switch Rugby permission to keep me informed of future Holiday courses via email. Yes / No

I allow Switch Rugby to store my information in this form for booking purposes and contact me via email regarding my booking. Yes / No

***Please complete this form and return it via email using*** ***matt@switchrugby.com***