



**RFUW 2010 High Performance Academies  
Parent/ Guardian Consent Form**

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**Part 1: Player/ Parent Information**

<b>Player Name:</b>	
<b>HPA:</b>	
<b>Club/ School:</b>	
<b>Date of Birth:</b>	
<b>Home Address:</b>	
<b>Telephone (Day):</b>	
<b>Telephone (Eve):</b>	
<b>Contact Email:</b>	

**Part 2: Photo Consent Information**

I \_\_\_\_\_ (*insert parent/ guardian full name*) consent/ do not consent to the photography/ videoing and publication of images of \_\_\_\_\_ (*name of young person*) under the RFU's Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent.

I also confirm that \_\_\_\_\_ (*name of young person*) is not under any court order.

<b>Signature:</b>		<b>Date:</b>	
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**Part 3: Medical Conditions**

<b>Allergies:</b>	
<b>Medical Conditions:</b>	
<b>Current Medication:</b>	
<b>Recent Injuries:</b>	
<b>Dietary Requirements:</b>	

- I confirm to the best of my knowledge that my daughter does not suffer from any medical conditions other than those detailed.
- I confirm that I will inform the RFUW of any changes to my daughter's medical details.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

<b>Signature:</b>		<b>Date:</b>	
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**Part 4: Emergency Contact Details**

<b>Emergency Contact:</b>	
<b>Relationship to Player:</b>	
<b>Home Address:</b>	
<b>Contact Number:</b>	

**Part 5: Consent Information**

- I consent to my child participating in the 2010 RFUW High Performance Academies.
- I consent to my child staying in supervised accommodation booked by the RFUW throughout the programme

<b>Signature:</b>		<b>Date:</b>	
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