My Child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aged \_\_\_\_\_ would like to participate in Millwall Rugby Clubs men’s / women’s contact rugby sessions.

I understand that the sessions are open to adults, some of which will not yet be a member of the club.

I understand that my child will be playing in a fast-paced invasion game which will involve touching and being touched by adults. This consent is given under the knowledge and agreement that there shall be a coach / mentor at every session that my child attends with a current Disclosure and Barring Service (DBS) certificate.

I understand that my child shall participate in games of touch rugby during the training sessions. Touch is used as a “tackle” to stop the attacking team, we try to make a touch with two hands on the waist of the opponent but this isn’t always possible at speed. In addition to Hugby, which is played similarly but a “tackle” is made by wrapping your arms around the waist and holding the attacking player to prevent them passing you.

I understand that the speed at which people are running can sometimes result in collisions taking place. This permission is given under the condition that an individual with first aid training shall be present at all sessions that my child attends.

I give my consent that in an emergency situation, the Head Coach/Team Manager/Team First Aider may act in loco parentis, if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary.

I also understand that in such an occurrence that all reasonable steps will be taken to contact the Parent/Guardian

|  |
| --- |
| MEDICAL INFORMATION Please detail any previous or existing; allergies, medical history, medication, injuries  |

I (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To take part in men’s / ladies rugby training sessions at Millwall Rugby Club.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT DETAILS

|  |  |  |
| --- | --- | --- |
| Name of Adult  | Tel. No.  | Relationship to Participant  |
|  |  |  |

If you have any concerns or questions you can contact the safeguarding officer on:

safeguarding@millwallrugby.com

Or the Youth Chairwoman on:

Youthchair@millwallrugby.com