

# GLASGOW LIONS TOUCH RUGBY CLUB - PARENTAL CONSENT FOR TOUCH RUGBY ACTIVITIES (Registration Form)

## PERSONAL DETAILS OF CHILD/VULNERABLE ADULT

Child's Surname .....			
Child's First names .....			
Child's address:.....			
.....			
Date of Birth .....			
Male or Female .....			
School .....			
Name of Parent/Guardian completing this form			
Surname .....			
First names .....			
Relationship to child/vulnerable adult .....			
Child's disability (if any):.....			
Child's ethnic origin:			
<b>White</b>	British	Irish	
<b>Mixed</b>	White & Black Caribbean	White & Black African	White &
Asian			
<b>Asian or Asian British</b>	Indian	Pakistani	Bangladeshi
<b>Black or Black British Caribbean</b>			
<b>Chinese</b>			
<b>Other (please state)</b>			

Details of Touch Rugby Activity

<b>1. Details Touch Rugby activity:</b> .....
From: .....

Date/Time/Season: .....

To .....

Date/Time/Season: .....

I agree to (name of child).....  
taking part in this activity. I agree to .....’s participation in the activities  
described. I acknowledge the need for ..... to behave  
responsibly.

## 2. Medical Information about your child

Any conditions requiring medical treatment, including medication? YES / NO

If YES, please give brief details:

.....  
.....  
.....  
.....

Please outline any special dietary requirements of your child and the type of pain/flu relief  
medication your child may be given if necessary.

.....  
.....  
.....

Is your son/daughter allergic to any medication? YES / NO

If YES, please give specify: .....

.....

Are there any other conditions that you think we need to be aware of? (i.e. injury)

.....  
.....

## 3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental,  
medical or surgical treatment, including anaesthetic or blood transfusion, as considered

necessary by the medical authorities present. I understand the extent and limitations of the Insurance cover provided.

**Emergency contact:** .....

Contact telephone number (inc. national codes):

Work: .....

Work mobile: .....

Home: .....

Home mobile: .....

Address: .....

.....

.....

.....

Signed: .....

Date.....

Full name  
(caps).....

**(Please state relationship to child if not parent)**

**THIS FORM OR COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.**

**A COPY WILL BE RETAINED BY THE CLUB**