



SALCOMBE RFC Little Nippers PLAYERS REGISTRATION

Child's Name: _____

Date of Birth: _____

Child's Age on 1st Sept: _____

Parent/Guardian Name: _____

Parent/Guardian Occupation: _____

Address: _____

Home Phone: _____

Mobile: _____

Email: _____

Alternative Contact: _____

My preferred method for contact is by email / SMS / home phone / mobile phone (*please select*)

Please give details on all health issues or special needs including asthma and diabetes, and any medications taken

Family Doctor: _____

Telephone No: _____

School: _____

Photography Policy (please delete as necessary)

- I give consent for my child to have their photograph / video taken for publicity purposes.
- I will ensure that my child is supervised to make sure they are not included in any photograph/video should this be the case.

Core Values

- ✓ I accept to work and play by the RFU's Core Values (SalcombeRugby.org.uk/what_we_promote)

A new form must be completed at the beginning of each season

Parents Signature _____ **Date** _____