



Parent / Guardian Consent Form

Player: _____ Date of Birth: _____

Team: _____ School: _____

Parent/Guardian _____

Consent

I hereby apply/reapply for my Son/Daughter to become a member of Wanderers FC and I consent to his/her participation in coaching, matches and tournaments. Should my membership be successful, I agree to be bound by the Rules of the Club. I also agree to the use of details below for communication by email or SMS text from Wanderers F.C. only.

I agree that photographs of my child at training, playing matches or representing the Club may be posted on the club website or used in promotional documentation. I recognise that rugby can be a dangerous sport and I accept and appreciate the risks involved and shall not hold the club responsible for any injury that may occur. A gum shield is compulsory for all training sessions and matches.

Personal health insurance is also recommended.

Behaviour

I confirm that my Son/Daughter has agreed to dress and behave in an appropriate manner at all times while representing the Club. They will cooperate fully with the Clubs coaches and obey without question the decision of referees at matches. They agree to wear the club kit and to be punctual for matches/Training, and to notify their team coach if unavailable.

Medical Consent

In the event of illness or accident which requires emergency hospital treatment, I hereby authorise one of the team Coaches to sign on my behalf any written consent form which is required by any hospital authorities/doctor, if the delay required obtaining my signature is considered inadvisable by the doctor or surgeon concerned. I further confirm that I have provided the team Coaches with details of known allergies or sensitivities (i.e. penicillin/nuts) or any other medical issues of which the club should be aware.

I have read the terms and rules of my membership of Wanderers Football Club and understand and agree to be bound by them.

Signed: _____ Player

I agree that my son/daughter sign the above and I accept the terms of their membership.

Signed: _____ Parent / Guardian

Dated: