

HOLT RUGBY FOOTBALL CLUB

(Affiliated to Rugby Football Union, Founded 1961, Club Colour Black)

CONSENT FORM FOR PHOTO/VIDEO IMAGES & FIRST AID

YOUNG PERSONS NAME: _____ D.O.B.: _____

USE OF PHOTOGRAPHS AND RECORDED IMAGES CONSENT

I consent to the photographing/videoing and publication of images of the aforementioned player under the RFU's Child Protection and Best Practice guidelines as adopted by Holt RFC and I confirm that I am legally entitled to give this consent.

PARENT/GUARDIAN FIRST AID CONSENT

I agree that if my son/daughter urgently requires medical treatment (including administration of anaesthetic) during a Holt RFC activity, the person in charge is authorised to give consent on my behalf.

I also confirm that the aforementioned player is not under a court order.

Parent/Guardian: _____

Signature: _____ Date: _____

Address: _____

Telephone No: _____

Mobile No: _____