



Player Registration Form for the Adapted Game of Tag Rugby for People with Learning Disabilities

To be completed by the person who has parental responsibility for the player

_____Ballymena RFC Bears_____ (club name and referred to as “the club” herewith) are committed to protecting your privacy. The completed form will be processed in compliance with the principles set out in accordance with the Data Protection Act 1998. It will be processed by the club for the purpose of administering club activities.

Please complete the form, in full, in **clear print** except where your signature is needed.

SECTION 1: Photograph

In order to be registered as a player / member with the club it is necessary to provide us with a photo of your child.

The image must:

- Passport size
- Be from the shoulders up
- Write players name on the rear of the image

Place the image in an envelope and attach the envelope to the completed registration form.

SECTION 2: Player Details

Name of player / member:

First Name _____ Surname _____

Name by which (s)he is normally known: _____

GENDER: Male Female D.O.B. _____ AGE _____

Address: _____

Post Code: _____

Player Contact Details

	Parent/Carer 1	Parent/Carer 2
Name		
Address (if different to player)		
Home Telephone Number		
Mobile Telephone Number		
Email Address		

Player Doctor Details

Doctor Name _____

Surgery Address: _____

Post Code: _____

Surgery Telephone Number _____

SECTION 3: Player Health and Wellbeing Information

Health

Is there anything about the player’s general health that you wish to tell us that would require specific care or attention?

If a medical emergency should arise while the player is participating in activities with the club and you are not personally present to be consulted about your child’s health needs, do you authorise the club to take whatever measures it shall deem necessary to ensure that the player is provided with emergency medical treatment in-order to protect the player’s health and wellbeing?

Yes / No

If no, please provide alternative instructions:

Do you have any religious objections to medical treatment? Yes / No

If yes, please provide details:

Does the player have any allergies (medical or otherwise)? Yes / No

If yes, please provide details:

SECTION 3: Player Health and Wellbeing Information cont

Dietary Requirements

Following Club activities, the club may provide the player with refreshments. Does the player have any special dietary requirements?

Yes / No

If yes, please specify:

Support Needs

Is there anything that you think we need to know about the player in order to provide him / her with the best possible experience during our activities? Please use this space to tell us about his/her **behaviour**, **communication methods**, **personal care** needs (please note, our volunteers are unable to provide practical support with personal care but it is still useful to be aware of), **mobility**, **personal safety awareness** (for example, the likelihood of running away, awareness of stranger danger) and **anything else you think would be useful** (please feel free to add additional pages):

The Wearing of Sports Goggles

Please note that the wearing of ordinary glasses to play tag rugby either at training or at Blitz / Festival days is not allowed. Anyone requiring sight adjustment to play tag rugby must wear prescription sports goggles which are available through high street outlets.

Is there a requirement for the player to wear sports goggles during the game / training?

Yes / No

SECTION 3: Player Health and Wellbeing Information cont

Medication

Does the player/member take any medication?

Yes / No

If yes, please detail below (please note that parents / carers will be responsible for administering all medication during Club activities but we are required to know in case of emergency).

N.B. Parents/carers must inform the club of any changes to medication.

Name	What It Is For	Times Given	Dose	Prescribed start date	Prescribed end date

SECTION 4: Consent and Declaration

I hereby give consent for **(name of player)** _____ to take part in all the activities of the club.

I represent and warrant that, to the best of my knowledge and belief, the player as named in this form is physically and mentally able to participate in the sporting and non-sporting activities of the club. There is no medical evidence that would preclude or render inadvisable their participation.

In giving my permission for the player to participate, I am specifically granting my permission to the club to use his / her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, both during and after the activities, and in any form, for advertising or communicating the purposes and activities of the club and / or applying for funds to support those purposes and activities.

I am the parent/carer of the player named in this form. I have read and fully understand the form and have explained it to the player. I declare the above information to be true and accurate. I understand and accept that it is my responsibility to inform the club of any changes to this information.

The below signature blocks should be completed by the person with parental responsibility for the player named above.

Print Name _____

Signature of Person: _____ Date: _____

Relationship to player: _____

Section 5: Disclaimer

"I _____ (name of parent/carer) of _____ (player name)

who is over the stipulated starting age (i.e. over 6 years old) acknowledge that he / she will be participating in the adapted game of tag rugby for people with learning disabilities with the club entirely at his/her parent/carers own risk.

N.B. If a parent/carer has any medical concerns regarding the player's participation in the adapted game of tag rugby for people with learning disabilities the club recommend that before signing this disclaimer parents / carers should consult with their GP.

Signature of Person: _____ Date: _____