

## Ballymena RFC Mini Rugby Registration Season 2017/2018

Player's Name	
Date of Birth	
Age Group (going into)	
Home Address	
Email Address 1	
Email Address 2	
Home Number	
Mobile Nr 1(primary)	
Mobile Nr 2	
Medical Conditions, Medication or Allergies	

I, the undersigned, being the parent / legal guardian of the named child below acknowledge and agree:  
That I / we have read and understood the BRFC Mini Section Handbook available on the Mini Section of the club website, [www.ballymenarugbyclub.com](http://www.ballymenarugbyclub.com), and that I will undertake to pass on the information it contains to my child regarding their Conduct and Health and Safety at Eaton Park.

I am aware of the Club's Child Protection Policy and where I may access this information.  
I give permission for Ballymena RFC to use photographic or digital imagery of my child in the interests of promoting Ballymena RFC and, or mini rugby as they see fit. To opt out please tick here .....

I consent to my child travelling in the vehicle of a volunteer should the need arise. It is my responsibility to provide the appropriate booster seat for these journeys if applicable.

I give permission for medical treatment to be administered as necessary by a nominated first aider or by suitably qualified medical practitioners in my absence.

I confirm all details are correct and that I am able to give permission for the named child to participate in and travel to all activities. I confirm I will update the club of any change of information contained on this form ASAP.

Print Childs Name

Signature (Parent or Guardian) .....

Signatory Name Printed ..... Date .....

### OFFICE USE ONLY

Confirm siblings yr group		Amount Received with this Form	
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