

Fit4Rugby



Registration Form for Touch

Rugby

Child's Name _____

Date of birth ____/____/____ Age ____

School/Nursery attending _____

School Year Group (please circle) Y5 Y6 Y7 Y8 Y9

Parent /Guardian name _____

Address _____

Home Tel. No. _____

Mob Tel. No. _____

From time to time we text out messages about coaching sessions- eg. weather conditions or venue difficulties. Can this mobile number be used to receive text messages from us? (Please circle) Yes/No

Email address _____

Any special needs or medical requirements – (please circle) Yes / No

If yes please give details _____

Consent for photographs to be taken (please circle) Yes /No

Consent for photographs to be used in publications/social media for the purpose of promoting our rugby activities. Yes /No

*Please note, all children MUST be accompanied by a parent or other adult during our coaching sessions.

Signature _____ Date ____/____/____