

Girls Try Rugby Sessions

with the Carlisle Cougars - Summer 2009.

July 20th

July 27th

Participant name:

Date of birth:

Home address:

Post code

Home telephone number:

Name of parent/guardian:

In the event of emergency we require contacts details for two adults:

Name

Relationship to adult

Tel no.

Medical Info. Please provide details of any medical conditions/symptoms we should be aware of (e.g. asthma, injuries, allergies, current medication).

I give consent for my child to receive any medical treatment deemed necessary by a member of staff or medical professional.

I do/do not give consent for the photography/videoing of my child during the event and the publication of photos of _____.

I confirm that I am legally entitled to give this consent and that the above named child is not under a court order.

Signed

Date

Return form to: Lucy Meadley. Carlisle RUFC, Warwick Road, Carlisle. CA1 1LW
Please send £2.50 per session (cheques for £5 can be made out to Carlisle RUFC or pay on the day). **PLEASE BRING A PACKED LUNCH, and plenty to drink and come in sports wear!**