



BRENTWOOD ELVERS RLFC - DEVELOPMENT OFFICE
 HOLLY TREES PRIMARY SCHOOL
 VAUGHAN WILLIAMS WAY, BRENTWOOD, ESSEX. CM14 5RY
 Email: rugbyleague@brentwoodelvers.co.uk

REGISTRATION FORM

PLAYERS FULL NAME	
PLAYERS DATE OF BIRTH	
PLAYERS ADDRESS	
EMAIL CONTACT	
HOME TELEPHONE	
PERSONAL MOBILE	
PARENTS MOBILE (1)	
PARENTS MOBILE (2)	
EMERGENCY CONTACT	

MEDICAL

KNOWN MEDICAL CONDITIONS	
KNOWN ALLERGIES	
CURRENT MEDICATIONS (INCL ASTHMA PUMPS)	
FAMILY DOCTOR	
DOCTORS TELEPHONE	
ANY OTHER COMMENTS	

** Your child is responsible for their own medication

*** The wearing of gum shields is imperative and any child without WILL NOT BE ALLOWED to play

PARENTAL CONSENT

I am the player's parent or legal guardian and I give my consent for him/her being coached by and to play in practice and competition for the Brentwood Elvers RLFC at a level according to his/her age group at the time of registration.

I acknowledge that the club coaches have the appropriate qualifications from the game's governing body.

I permit my child to be treated when necessary by the first-aider on duty (who has the appropriate qualifications). This may include the use of paracetamol. The greatest of care will be given at all times but it must be acknowledged that Rugby League is a contact sport and injuries may occur.

We also seek consent for images of your child and the Squad to be used in the Press. Please be assured that the club will afford absolute discretion and duty to make sure the images cannot be misused.

In signing below you agree to all of the above terms

Signature	
Name (please print)	
Date	