

Lytchett Minster Rugby Football Club Ltd Player Profile

| PLAYERS PERSONAL DETAILS | | | |
|---|---------------------|------------------------------|---|
| First Name | | Middle Name | |
| Surname | | Email Address | |
| Address | | | |
| Telephone | | Mobile | |
| Age | | Date of Birth | |
| Team (u8, colts, seniors etc) | | Position(s) played | |
| Occupation | | Other sports/exercise | |
| NEXT OF KIN/EMERGENCY CONTACT(S) | | | |
| Name | Relationship | Home Telephone | Mobile |
| | | | |
| | | | |
| | | | |
| MEDICAL INFORMATION | | | |
| GP Name | | GP Telephone | |
| GP Address | | | |
| Present Health (any unresolved injuries, health conditions, current medication etc) | | | |
| | | | |
| Allergies | | | |
| | | | |
| Past History (to include previous injuries, operations etc) | | | |
| | | | |
| SIGNATURES | | | |
| Disclaimer | | Date | Player signature (or guardian if under 18) |
| I take full responsibility for first aid offered to me/to my child (delete as applicable) during a game or training whilst at Lytchett Minster Rugby Club administered by any of the registered and qualified first aiders of the club that hold an up to date and valid certificate. | | | |
| I accept full responsibility for treatment administered by sports therapy team during a rehabilitation treatment and indemnify the therapists against any adverse reaction sustained as a result of the treatment. | | | |
| I am aware all medical conditions must be diagnosed by a GP or consultant and will obtain consent for treatments administered. | | | |
| I give permission for LMRFC Ltd to record and use my personal data which I agree to supply accurately. I understand that all reasonable precautions shall be taken to prevent unauthorised access to my personal data as defined by the Data Protection Act. | | | |
| Lytchett Minster Rugby Club supports the training of sport massage students. If you are happy to be treated by a student under full observation and direction of the senior sports therapist (only applicable for U16's and above) | | | |
| Child protection legislation requires that any person under the age of sixteen who wishes to receive treatment from the sports therapy team must first receive consent from their GP. The parent or guardian and the individual requiring treatment need to give consent. The treatment may only be given in the presence of the parent or guardian. (U16's only) | | | |
| I give permission for photo/video images to be taken of my child and to be used on the club website and/or club promotional materials (U16's only). | | | |