

MEDWAY RFC : Insurance / Medical Form for Minis and Youths Players

Insurance/ Medical Forms are to be managed by the respective age group managers and must be taken to all games in case of injury OR emergency. These forms must be completed afresh at the start of each playing season by the parent / guardian in all cases where the player is under the age of 18 as of 1/Sep, and checked through out the year and amended where necessary.

Player Details:

Full Name	
DOB	
Age Group	
Known Medical Conditions (e.g. asthma, diabetes, travel sickness, etc,)	
GP Name & Phone Number	
School Name & Phone Number	

First Parent / Guardian Details

First and Last Names	
Relationship to Player	
Address	
Home Number	
Mobile Number	

Second Parent / Guardian Details

First and Last Names	
Relationship to Player	
Address (or "as above")	
Home Number (or "as above")	
Mobile Number	

Alternate Emergency Contact Details (other than parents/guardians):

First and Last Names	
Relationship to Player	
Address	
Home Number	
Mobile Number	

Medway Rugby Football Club membership includes insurance cover through the RFU via their Accidental Death and Permanent Total Disability (ADPTD) policy. Additional private cover should be considered if you wish to increase your personal accident and sports injury protection to insure against any potential financial effects of a rugby injury. We strongly recommend the wearing of a gum shield for playing rugby. Professionally made mouth guards can be obtained from your dentist. We also recommend that all players are up to date with tetanus vaccinations

To Medway Rugby Football Club

I give my permission for (full name of player) to receive emergency medical attention including the administration of anaesthetic, should it be necessary whilst in the charge of Medway RFC.

I understand that, Medway Rugby Football Club, its servants, agents or employees do not accept any liability whatsoever for the loss of property, accident, or injury to the applicant caused during the course of training, coaching, preparations for matches OR matches themselves played at Medway Rugby Football Club OR other grounds.

Parent / Guardian Signature:

Name	Signature	Date