



<b>Registration form</b>	
<b>Player 1 (adult or child)</b>	
Surname:	Middle/other names:
First name:	Date of birth:
Home address: ..... ..... Post code: .....	
Email address:	
Landline number:	Mobile number:
Gender:	Age group: Under
Please indicate any medical conditions or allergies:	
<b>Player 2 (adult or child)</b>	
Surname:	Middle/other names:
First name:	Date of birth:
Home address (if different from player 1): ..... ..... Post code: .....	
Email address (if different from player 1):	
Landline number (if different from player 1):	Mobile number (if different from player 1):
Gender:	Age group: Under
Please indicate any medical conditions or allergies:	
<b>Parents/Guardians (on behalf of a child)</b>	
Parent/Guardian 1:	Relationship to child/ren:
Emergency contact details:	



<b>Parental responsibility</b>	
Parents/Guardians remain responsible for the child/ren at all times. If you plan to leave the ground, then you must arrange for another adult to take responsibility for your child/ren and you must inform the Head Coach and/or Manager. This vital in the event of sickness or injury.	
I understand that I, or a nominated person, will remain within the club premises whilst my child/ren is/are playing (whether at home or away).	
Please type your name here to show you have read, understood and agree to the conditions above:	
<b>Photos/video</b>	
I consent to the photographing/video and publication of images of the player/s named above under the RFU child protection and best practice guidelines. I confirm that I am legally entitled to give this consent. I also confirm that the player/s named above is/are not under a court order.	
Please type your name here to show you have read, understood and agree to the conditions above:	
<b>Medical consent</b>	
In the event of an accident or injury, where the coach/manager/administrator is unable to contact either of the named contacts for the player/s named above, I give permission for the coach/manager/administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders administering first aid treatment if required.	
Please type your name here to show you have read, understood and agree to the conditions above:	
<b>Code of Conduct</b>	
By signing this form, you are also agreeing to abide by the Cheltenham Tigers Code of Conduct. A copy of this is posted on the clubhouse notice board and website. Please take the time to read the Cheltenham Tigers Code of Conduct with your child/ren.	
<b>General data protection</b>	
I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by Cheltenham Tigers. I consent to the holding and disclosure of this information. <i>Please indicate if you are not happy to receive relevant information from Cheltenham Tigers and / or Newlands via e-mail:</i>	
Print name:	Date: